

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20568

State File No. \_\_\_\_\_

5412

RECD JUL 12 1939  
Registration District No. \_\_\_\_\_

791  
1008

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County City Hospital No. 1  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 days  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Myrtle Holster  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 49 years  
 7. Birth date of deceased May 26, 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>0</u>	<u>21</u>	hr. _____ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name John Sweeney

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Minor

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Kent  
 (b) Address City Hospital No. 1

17. (a) Burial (b) Date thereof June 19, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker, Missouri

18. (a) Signature of funeral director A. W. McLaughlin  
 (b) Address 2301 Lafayette Ave.

19. (a) JUN 18 1939 (b) J. P. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1419 Missouri  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
 year 1939 hour 8.40 minute 8 M.

21. I hereby certify that I attended the deceased from 6/11/39  
6/17/39, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw her live on 6/17/39, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor  
unknown as to malignancy  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 55d  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Wm L. Sellen, Jr. (M. D. or other) \_\_\_\_\_  
 Address City Hospital No. 1 Date signed \_\_\_\_\_

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul a Keith

Licensed Embalmer No. 3612

P. O. Address 2301 Lafayette

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.