

23990

6263

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

REC'D AUG 11 1939

791

1008

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 days  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Catherine Housman 2558. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. none4. Sex Female 5. Color of race white 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife James E. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Nov. 2, 1870  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
68 8 12 hr. \_\_\_\_\_ min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife 611. Industry or business \_\_\_\_\_ 912. Name William Schultz13. Birthplace Germany  
(State or foreign country)14. Maiden name Mary Schmidt  
(City, town, or county) (State or foreign country)15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Catherine Housman(b) Address 4415a Tennessee17. (a) Burial (b) Date thereof 7/17/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director J. J. McLaughlin(b) Address 2301 Lafayette Avenue19. (a) JUL 15 1939 (b) J. J. McLaughlin  
(Date) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 15  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4415a Tennessee Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day July  
year 1939 hour 9:45 minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from 7/1/39  
\_\_\_\_\_, 19\_\_\_\_, to 7/14, 19\_\_\_\_  
that I last saw her alive on 7/14, 19\_\_\_\_  
and that death occurred on the date and hour stated above.Immediate cause of death Acute Cardiac Failure  
Due to chronic myocarditis  
Due to \_\_\_\_\_Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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 123. Signature John F. Flynn (M. D. or other) \_\_\_\_\_  
Address City Hospital Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

Nov. 5-17-39  
FORM 1 1931

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.

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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 2317 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.**