

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30150**
Registrar's No. **1592**

Registration District No. **784**

Primary Registration District No. **101**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Overland**
(If outside city or town limits, write "RURAL")
(d) Street No. **9061 Windom**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Edgar Lounsbury**
3. (b) If veteran, name war **Spanish American**
3. (c) Social Security No. **//////////**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Lounsbury** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Oct 19 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	10	17	hr. _____ min. _____

9. Birthplace **Tonawanda New York**
(City, town, or county) (State or foreign country)
10. Usual occupation **Police officer**

11. Industry or business **Normandy Twp Constables Office**
12. Name **William Lounsbury**
13. Birthplace **Dont know**
(City, town, or county) (State or foreign country)
14. Maiden name **Ada Martin**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Emma Lounsbury**
(b) Address **9061 Windom Overland Mo**

17. (a) **Burial** (b) Date thereof **Sept 9 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Ortmann Funeral Home**
(b) Address **9222 Lackland Overland Mo**
19. (a) **SEP 7 1939** (b) **R. Meyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **6**
year **1939** hour **11** minute **A** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Aneurysm of the aorta** **few mos.**
Due to **96**
Due to _____
Other conditions **Bronchiectasis** **few mos.**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 **John Council** (M. D. or other)
Address **Coroner of St. Louis County** Date signed **9/7/39**

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

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.....

Al C. Ortman

Licensed Embalmer No.....

3478

P. O. Address.....

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

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