

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30240

Registration District No. 784

Primary Registration District No. (11)

Registrar's No. 1531

1. PLACE OF DEATH:

(a) County ST LOUIS 1
(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis 1
(c) City or town Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. Gran Ridge & Lookout
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME BABY MOUND 530

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 27 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
STILL BORN _____

9. Birthplace ST LOUIS CO MO.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE 0

11. Industry or business NONE A

12. Name CHARLES MOUND 0

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

14. Maiden name Mellie Nesler

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

16. (a) Informant's own signature Charles Mound

(b) Address Gran Ridge & Lookout, Valley Park

17. (a) BURIAL (b) Date thereof 8-29-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis S. Bopp

(b) Address 131 W. FERGUSON Lookout

19. (a) AUG 29 1939 (b) W. M. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive or _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy No unusual findings

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

23. Signature W. M. Jones (M. D. or _____)
Address Center Kelly, St. Louis, Mo. Date signed 8-28-39

CRUDE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Louis H. Bopp

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H. Bopp

Licensed Embalmer No. *921*

P. O. Address *Richwood*

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

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