

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

State File No. **37803**
Registrar's No. **9642**

Registration District No. **221** Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(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, #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether _____)
In this community **40 Years.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **1**
(c) City or town **St. Louis, Mo.** **18**
(If outside city or town limits, write "RURAL")
(d) Street No. **3668 Laclede Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Wilson Lenox 520**
(b) If veteran, name war **None** (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** Day **10**,
year **1939** hour **9:40** minute **P.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dont Know.** **1873**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **November 8**, 1939, to **November 10**, 1939 that I last saw him alive on **November 10**, 1939 and that death occurred on the date and hour stated above.

8. AGE: Years **abt. 66** Months **Dont Know** Days _____ If less than one day hr. _____ min.

Immediate cause of death **Myocardia type VIII (28) Poocho** Duration _____

9. Birthplace **Rolla, Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Laborer.**

Due to **Myocarditis Chronic**
Due to _____

11. Industry or business _____
MOTHER FATHER { 12. Name **Dont Know.**
13. Birthplace **Dont Know.**
(City, town, or county) (State or foreign country)
14. Maiden name **Dont Know.**
15. Birthplace **Dont Know.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Myocarditis Chronic**
Of operations _____
Of autopsy _____

16. (a) Informant's own signature **Earl J. Porter**
(b) Address **3628 Laclede Blvd.**
17. (a) **Burial** (b) Date thereof **Nov. 13, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Arthur J. Cosmelin**
(b) Address **3840 Laclede Blvd.**
19. (a) **NOV 12 1939** (b) Registrar's signature **J. F. Budet**
(Date received local registrar)

While at work? _____ (Specify type of place) (Means of injury)
23. Signature **Earl J. Porter** (M. D. or other)
Address **1515 Lafayette** **11/11/39**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Alfred J. Boedeker

Licensed Embalmer No.....

2663

P. O. Address.....

4204 Prairie

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.