

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 CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 38251  
Registrar's No. 10090
 DEC 13 1939  
 Registration District No. 1001

Primary Registration District No.

1. PLACE OF DEATH: 1003 1  
 (a) County \_\_\_\_\_  
 (b) City or town Saint Louis, Missouri.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Lutheran 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

3. (a) PRINT FULL NAME Jeanetta Stetson, 332  
 8. (b) If veteran, name war \_\_\_\_\_ 3. (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. Joseph Stetson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
65  
 7. Birth date of deceased January 31st, 1869.  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 9 23 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Fred Langerhans,

18. Birthplace Unknown Germany

14. Maiden name Unknown

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

16. (a) Informant's own signature Joseph Stetson.

(b) Address 2925 Lemp Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof November 27,  
 (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 2623 Cherokee Street.

19. (a) NOV 27 1939 (Date received local registrar) (b) J. F. Brubaker (Physician's Signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 1  
 (c) City or town Saint Louis, 24  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2925 Lemp Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th,  
 year 1939. hour 3 minute 10 P.M.

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

Immediate cause of death Fat Embolism Duration \_\_\_\_\_  
Pulmonary Fracture of  
Hip, slight Anatomical  
neck, suffered when  
decided to slip  
and fell to street at

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions decided to slip  
 (Include pregnancy within 3 months of death)  
and fell to street at

Major findings: Critterden and Lent  
lost about 8:30 AM Nov. 10 -

Of operations \_\_\_\_\_

Of autopsy accident

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accident  
 (b) Date of occurrence 11/10/39

(c) Where did injury occur? St Louis Mo  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

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

28. Signature Alfred Perry (M. D. or other) \_\_\_\_\_

Address Depuy Coroner Date signed 11.26.39

**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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

**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.**