

JAN 12 1940

Registration District No. 201

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: 1003
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Masonic Home of Missouri.
(d) Length of stay: In hospital or institution 1 year, 8Mo. and 28 days
In this community 1 year, 8Mo. and 28 days

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(d) Street No. 5351 Delmar
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John Heaston Custenborder
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 7
year 1939 hour 4. minute 55 A. M.
21. I hereby certify that I attended the deceased from March 13, 1938 to December 7, 1939

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 23, 1876
(Month) (Day) (Year)

that I last saw him alive on December 6, 1939
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Acute Myocarditis Duration 3 days

8. AGE: Years 63 Months 6 Days 14 If less than one day _____ hr. _____ min.

Due to Chronic Interstitial Nephritis I yr.

9. Birthplace Quincy, Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Shipping Clerk

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

11. Industry or business _____
12. Name Christian Heaston Custenborder
13. Birthplace Saint Paris, Ohio
14. Maiden name Karla Bailey
15. Birthplace Ohio

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Jacques P. Beuc
(b) Address 5351 Delmar St. Louis
17. (a) Burial (b) Date thereof 12-9-39
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director Alexander & Son
(b) Address 6125 Delmar
19. DEC 11 1939 (b) _____

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? _____
(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 No.
23. Signature J. J. [unclear] (M. D. or other) _____
Address 508 N. Grand St. St. Louis Date signed _____

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

Albert C. White, Registered Apprentice No. 209

working under my personal supervision.

Signed J. Wm Bimley
Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

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.