

Registration District No. _____

791
1000

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Infirmery
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days
 (Specify whether years, months or days) 37 yrs.

8. (a) PRINT FULL NAME

Joseph English

3. (b) If veteran, name war _____

Unknown3. (c) Social Security No. Unknown4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Unknown6. (c) Age of husband or wife if alive Unknown years7. Birth date of deceased January
(Month) (Day) (Year)6 1866

8. AGE:

Years 74

Months _____

Days 12If less than one day
hr. _____ min. _____

9. Birthplace

UnknownGermany

(City, town, or county)

(State or foreign country)

10. Usual occupation

None

11. Industry or business

12. Name Unknown13. Birthplace UnknownUnknown

(City, town, or county)

(State or foreign country)

14. Maiden name Unknown15. Birthplace UnknownUnknown

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature J. H. Sullivan(b) Address 5800 Arsenal St.17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof 1-22-40

(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.18. (a) Signature of funeral director J. H. Gebken(b) Address 2842 Meramec Ave19. (a) JAN 19 1940
(Date of local registrar)(b) J. H. Gebken
(Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 13
 (d) Street No. 5800 Arsenal
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 37 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
 year 1940 hour 8:15 minute _____ P.M.

21. I hereby certify that I attended the deceased from
Dec. 31, 1939, to Jan. 18, 1940
 that I last saw him alive on Jan. 18, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

degenerative heart disease

Due to _____

arteriosclerosis

Due to _____

Other conditions

(include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy _____

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 None
 (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 E. J. Boyle

(M. D. or other)

Address _____

Date signed _____

Case blank signed

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.