

616027

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5076**
Registrar's No. **1906**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(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 **6 Days** (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME **Jeremiah Trueman**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Myrtle Trueman** 6. (c) Age of husband or wife If alive **50** years

7. Birth date of deceased **Dec. 18, 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 5 hr. min.

9. Birthplace **England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Contractor**

11. Industry or business _____

12. Name **Christopher Trueman**

13. Birthplace **England**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Christopher Trueman**

(b) Address **6632 Marmaduke**

17. (a) **Burial** (b) Date thereof **2-26-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **FEB 25 1940** (b) **J. F. Buduh**
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **6632 Marmaduke** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **23**,
year **1940** hour **7:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **February 18**, 19 **40** to **February 23**, 19 **40**;
that I last saw him alive on **February 23**, 19 **40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature **J. F. Buduh** (M. D. or other)

Address **1515 Lafayette** Date signed **2/24/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

W. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.