

MAY 15 1940
Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

3237

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

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:
En route City Hospital #1
(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 Jerry Roger Kiouss 200

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Baby

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan. 11 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name John Kiouss
13. Birthplace Smithboro Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Leta Martin
15. Birthplace Bohio Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Kiouss
(b) Address 710 Ann Ave. St. L. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Marey Cemetery

18. (a) Signature of funeral director O. E. Bass
(b) Address Peunville Ill.

19. (a) APR 8 1940 (b) J. F. Budich
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St. Louis, Mo. 23
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Ann Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1940 hour 11:40 minute A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Cerebral Thrombosis
Due to (Prematurity)
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy 159
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 _____
(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 Joseph M. ... (M. D. or other) _____
Address Deputy ... Date signed _____

Not embalmed ✓

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.