S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13487

MAY 15 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3689

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Flat River N/R
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mead, Dora 3 (1)

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Samuel

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. (Month) 7 (Day) 1890 (Year)

8. AGE: Years 49 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife 9

11. Industry or business 9

FATHER
12. Name Louis Mourice
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa LaPlante
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant J. Samuel Mead
(b) Address Flat River, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-23-40 (Month) (Day) (Year)
(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) APR 23 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22
year 1940 hour 1 00 minute p. M.

21. I hereby certify that I attended the deceased from 2-20, 1940, to 4-24, 1940;
that I last saw her alive on 4-22-40, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
1) Hypertensive and Arteriosclerotic cardio-vascular disease
Due to with nephrosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Uremia
Major findings:
Of operations
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
(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?
844 (Specify type of place)
While at work? (e) Means of injury

23. Signature K. R. Andrews (M. D. or other)
Address 1325 So. Grand Date signed 4-23-40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Kopp

Licensed Embalmer No. 2471

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.