

No. 2
1-10-39
17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16135

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 136

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Vigors

(c) Name of hospital or institution at home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20 years

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Vigors

(If outside city or town limits write "RURAL")

(d) Street No. home

(If rural, give location)

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

3. (a) PRINT FULL NAME CLARA STOCKTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. 273

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28

year 1940 hour 5 minute a.m.

4. Sex F

5. Color or race W

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

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

7. Birth date of deceased Oct. 31 1866

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 14

1940 to April 28 1940;

that I last saw her alive on April 28 1940;

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Chronic Myocarditis

Due to Arterio-sclerosis

Duration 1yr.

9. Birthplace Wayton Ohio

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Marts

18. Birthplace Wayton Ohio

(City, town, or county) (State or foreign country)

14. Maiden name Amberson

15. Birthplace Amberson

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93C

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Vergel Stockton

(b) Address Vigors, Mo.

17. (a) Burial (b) Date thereof 4-30-40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bland, Mo.

18. (a) Signature of funeral director Bernard Bradley

(b) Address 2504 Woodson Overland, Mo.

19. (a) APR 29 1940 (b) W. R. Maxwell

(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature H. T. Colman (M. D. or other) _____

Address Patterson, Mo. Date signed 4/28/40

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.....



Licensed Embalmer No. 3501

P. O. Address Orleans 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.