

JUN 15 1940

791

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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:  
ST. ANTHONY HOSP.  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME JOSEPH T. STOREY 360

3. (b) If veteran, name war 220 3. (c) Social Security No. no.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased APR. 9 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 11 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation LINEANT.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name OMAR STOREY  
13. Birthplace ST CHARLES MO D  
(City, town, or county) (State or foreign country)  
14. Maiden name MILDRED FINK  
15. Birthplace ST. LOUIS MO D  
(City, town, or county) (State or foreign country)

16. (a) Informant Omar Storey  
(b) Address 6734 VERMONT AV.

17. (a) BURIAL (b) Date thereof 4/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MNT OLIVE GEM.

18. (a) Signature of funeral director J. P. Smith Jr.  
(b) Address 7128 Michigan Ave

19. MAY 4 1940 (b) J. P. Smith Jr.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS, 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6734 VERMONT AV.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 20  
year 1940 hour 11 minute 15 AM M.

21. I hereby certify that I attended the deceased from 4/9/40  
\_\_\_\_\_ 19 \_\_\_\_\_ to 4/26/40 19 \_\_\_\_\_  
that I last saw him alive on 4/20/40 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death INTESTINAL OBSTRUCTION  
caused by intussusception  
Duration 5 days

Diagnosis intussusception cause unknown

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
1226

PHYSICIAN  
Major findings: INTESTINAL OBSTRUCTION  
Of operations WITH GANGRENOUS Bowel.  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature J. P. Smith Jr. (M. D. or other)  
Address 2627 No. Kingshighway Date signed 4/30/40

4001

4001

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.