

No. 2
1-10-39
17-39
X21422

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16583**
Registrar's No. **4064**

FD JUL 9 1940 791
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **3**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **St. Louis City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County _____
(c) City or town **St. Louis** **23**
(If outside city or town limits, write "RURAL")
(d) Street No. **221 # So Broadway**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

In this community, _____ years, months or days **known**
9. (a) PRINT FULL NAME **W. R. HAGEN**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **5** day **24**
year **1940** hour **8:20** minute **4** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____
Central Edema
Due to _____
Acute Coronary
Due to _____

7. Birth date of deceased **Unknown**
(Month) _____ (Day) _____ (Year) _____
8. AGE: Years **about 55** Months _____ Days _____ If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) **None**
Major findings: **None**
Of operations _____
Of autopsy _____
Physician **Joseph Thomas Myrland**
Underline the cause to which death should be charged statistically.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation **none**
11. Industry or business _____
12. Name **unknown**
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant **City Hospital**
(b) Address **St. Louis**
17. (a) _____ (b) Date thereof **7/9/40**
(Burial, cremation, or removal) _____ (Month) _____ (Day) _____ (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director **W. R. Hagen**
(b) Address **W. R. Hagen, 3100 City**
19. (a) **JUL 1 1940** (b) **J. P. Predeck**
(Date received locally) _____ (Registrar's signature)

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 **5**
23. Signature **Joseph Thomas Myrland** (M. D. or Other) _____
Address _____ Date signed _____

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.