

23860

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6314  
Registrar's No.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
Registration District No. 791

Primary Registration District No. 1003

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:  
555 Rosedale Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Unknown (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 555 Rosedale  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME LUCINDA MAY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: October 12 1949  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 8 10 hr. min.

9. Birthplace: Holt County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

MOTHER FATHER { 12. Name unknown  
13. Birthplace " \_\_\_\_\_ (City, town, or county) (State or foreign country)

{ 14. Maiden name unknown  
15. Birthplace " \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian Pinkston  
(b) Address Overland, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/27/40  
(Month) (Day) (Year)  
(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Alexander & Sons  
(b) Address 6175 Delmar Blvd.

19. (a) JUL 27 1940 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 27  
year 1940 hour 12 minute 40 A.M.  
21. I hereby certify that I attended the deceased from June 28, 1940, to July 27, 1940  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Large Intestine  
Duration 1 Year  
Due to Secondary to Carcinoma  
Due to of \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations no  
Of autopsy no  
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 J. J. Urbans (M. D. or other)  
Address 1537 S. Grand Date July 27 1940

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Urban  
15-37 S. Grand

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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 jos. E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6175 Delmar

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.