No. 2
11-10-39
5-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27063

SEP 25 1940

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6959

1. PLACE OF DEATH:

(a) County St. Louis. Mo.

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

(c) Name of hospital or institution: 3040 Semple Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County

(c) City or town Peoria (If outside city or town limits write "RURAL") NR

(d) Street No. 407 Cedar Street. (If rural, give location)

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

3. (a) PRINT FULL NAME MAAEL. JUDY. ATEN. 350

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 John. F. ATEN.

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June 3 - 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name ~~Unknown~~ John A. Davis

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name ~~Unknown~~ Ann (Link)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Carlow

(b) Address 3040 Semple

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation Hidalgo. Ill

18. (a) Signature of funeral director STROOT-CARROLL

(b) Address 4600 Natural Bridge

19. (a) AUG 17 1940 (Date received by local registrar) (b) J. F. Briedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1940 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 30, 1940, to Aug 17, 1940, that I last saw him alive on Aug 16, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (R Hemiplegia) Duration 7 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Seth P. Smith (M. D.)

Address 4500 Clemens Date signed Aug 17 1940

(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: [illegible]

Licensed Embalmer No. 2265

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.