

Registration District No. _____

Primary Registration District No. _____

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:
5424 Vernon 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 _____
 years, months or days)

3. (a) PRINT FULL NAME Richard Reid Work8. (b) If veteran S.S. 491-16-5540 name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nellie Work 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased July 27 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 6 hr. min.9. Birthplace Owensboro Ky.
 (City, town, or county) (State or foreign country)10. Usual occupation Printer11. Industry or business Retired12. Name William Work13. Birthplace Ind.
 (City, town, or county) (State or foreign country)14. Maiden name Margaret Holland15. Birthplace Ky.
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Nellie Work(b) Address 5424 Vernon Ave.17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-6-40
 (Month) (Day) (Year)(c) Place: burial or cremation Vincennes Ind.18. (a) Signature of funeral director Drehmann-Harral(b) Address 1905 Union Blvd.19. (a) SEP 5 1940 (Date received local registrar) (b) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5424 Vernon Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3.
 year 1940 hour 3:00 minute 0 P. M.21. I hereby certify that I attended the deceased from March 16, 1940, to Sept 3, 1940, that I last saw him alive on Sept 3, 1940, and that death occurred on the date and hour stated above.Immediate cause of death chronic myocarditis

Due to _____

Due to _____

Other conditions arteriosclerosis
 (Include pregnancy within 3 months of death)Major findings: Of operations no operationOf autopsy no autopsy

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 Richard C. Gimmel, M.D.Address 5146 St. Louis Ave. Date signed 9-3-1940

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.....

R. M. Bayford

Licensed Embalmer No.....

2273

P. O. Address.....

St. Louis

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.