V. S. No. 2
M—11-10-39
Rev. 5-17-39
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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

FILED OCT 25 1940

PE 6

State File No. 30500

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7777

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Foot of UTAH ST

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Unknown (b) County

(c) City or town Unknown XXX (If outside city or town limits, write "RURAL")

(d) Street No. 9 Unknown (If rural, give location)

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

3. (a) PRINT FULL NAME Unknown White Man

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years about 45 | Months | Days | If less than one day hr. min. 9

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

10. Usual occupation "

11. Industry or business "

FATHER
12. Name "
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant John Wilson Pvt

(b) Address 6636 Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-40 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Peetz Bros

(b) Address 3629 Lafayette Ave

19. (a) SEP 18 1940 (Date received local registrar) (b) J. F. Fredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13 year 1940 hour 645 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Due to Drowning

Due to Found dead in the

Due to Mississippi River at the foot of Utah St

Other conditions Sept 13-1940 at about 645 A.M.

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cause and Manner of
Of autopsy Same could not be determined
Open Verdict

Duration

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) Open Verdict

(b) Date of occurrence 9/13/40

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lucian (M. D. or other)

Address Deputy Coroner Date signed

(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.....

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.