

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003State File No. 36709
Registrar's No. 8982

Registration District No. 291

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community
years, months or days)

8. (a) PRINT
FULL NAME8. (b) If veteran,
name war8. (c) Social Security
No.4. Sex Male 5. Color or race White
6. (a) Single, widowed, married,
divorced Single6. (b) Name of husband or wife Lebanon 6. (c) Age of husband or wife if
alive 78 years7. Birth date of deceased Lebanon
(Month) (Day) (Year)8. AGE: Years 78 Months 00 Days 00
If less than one day hr. min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Lebanon11. Industry or business Lebanon12. Name Lebanon13. Birthplace 11
(City, town, or county) (State or foreign country)14. Maiden name Lebanon
(City, town, or county) (State or foreign country)15. Birthplace Lebanon
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lebanon(b) Address 4814 Maple St17. (a) Lebanon (b) Date thereof 10/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lebanon18. (a) Signature of funeral director Lebanon(b) Address W. Lebanon 3100 Lebanon19. (a) NOV 1 1942 (b) Lebanon
(Date received local health officer's certificate) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 Montgomery
(If rural, give location)
(e) If foreign born, how long in U. S. A. 11 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15
year 1940 hour 8:10 minute 17 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.Immediate cause of death Lebanon Duration

Due to _____

Due to _____

Other conditions 11/8
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of 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)
By _____ Means of injury 523. Signature Lebanon (M. D. or other)Address Lebanon 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.