FILED DEC 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37408

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9681

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: Firmin Desloge Hosp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 3505a Caroline
(If rural, give location)

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

3. (a) PRINT FULL NAME Jane E. Stack

3. (b) If veteran, name war NoNe

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Stack

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

7. Birth date of deceased Feb 6 (Month) 1881 (Day) (Year)

8. AGE: Years 59 Months 9 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant's own signature John Stack
(b) Address 3505a Caroline St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) NOV 26 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1940 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 23, 1940, to Nov 25, 1940, that I last saw her alive on Nov 25, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized peritonitis	4 days
Due to Perforation of Gall Bladder	
Due to acute Cholecystitis c̄ Cholelithiasis	
Other conditions Diabetes Mellitus. (Include pregnancy within 3 months of death)	
Major findings: Of operations Perforation of Gall Bladder	
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 Louis T. Moore (M. D. or other)
Address Desloge Hospital Date signed 11-25

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....Joe B Vollmer.

Licensed Embalmer No.....4014

P. O. Address.....3125 Lafayette

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

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