

No. 2
-18-40
17-39
X23153

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8163

State File No. _____

Registration District No. 784

Primary Registration District No. 202

Registrar's No. 353

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
8544 Geiger Road /
(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 Pauline Kressley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov. 9, 1865.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name ? Kressley

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

14. Maiden name Schmitt

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

16. (a) Informant Gus. H. Kressley

(b) Address 8544 Geiger Rd.

17. (a) Burial (b) Date thereof Feb. 17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiaman Ave.

19. (a) FEB 16 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8544 Geiger Road 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1941 hour 12.15 minute A.M. M.

21. I hereby certify that I attended the deceased from Feb 6 - 1941
1941 to Feb 14 1941.
that I last saw her alive on Feb 13 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic a. valvular
Heart disease
Due to arterio-sclerosis
& senility

Due to _____

Other conditions normal
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations _____

Of autopsy none

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 John D. [Signature] (M. D. or other) _____

Address 1125 Hodiaman Ave. Date signed _____

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

MOTHER FATHER

Dr. John D. Poe

1492/10-8

MM. 4740

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.....

Jos. W. Clark

Licensed Embalmer No..... 1661

P. O. Address..... 1125 Hodiament Ave.

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, fact should be so stated above.