

No. 2
4-13-40
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8546**
Registrar's No. **1956**

Registration District No. **791**

Primary Registration District No. **1003**

60
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution:
4951 Mardel Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Lavette Truitt**
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 **Married**
6. (b) Name of husband or wife **Leon**
6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **Oct. 17 1894**
(Month) (Day) (Year)

8. AGE: Years **46** Months **4** Days **9**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Roland Callenberger**
13. Birthplace **Unknown**
14. Maiden name **Liza Woolsey**
15. Birthplace **Kane Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Leon Truitt**
(b) Address **4951 Mardel**

17. (a) **Removal** (b) Date thereof **3/1/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jerseyville, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **MAR 1 1941** (b) **J. W. Mardel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(d) Street No. **4951 Mardel**
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **26**
year **1941** hour **12** minute **18** M.
21. I hereby certify that I attended the deceased from **Sept.**
7, 19**40** to **Feb. 26**, 19**41**
that I last saw h. **alive** on **Feb. 26**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** **2 days**
Duration

Due to _____

Due to _____

Other conditions **Carcinoma of liver**
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____

While at work? _____ (c) Means of injury **B**

23. Signature **Harold H. Hoppe** (M. D. or other) **D**
Address **703 University** Date signed **2/27/41**
Chas. H. H.

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.....

J. W. Dinkley

Licensed Embalmer No.....

3653

P. O. Address.....

St. Louis Mo

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.