

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9353**
2763
Registrar's No.

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **Saint Louis, Missouri.**
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Park Lane Hospital.**
(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 **Barbara Towns,**

3. (b) If veteran, name war _____ 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 **Harry Towns,** 6. (c) Age of husband or wife if alive **67** years **1883**

7. Birth date of deceased **July** (Month) **8th,** (Day) **1883** (Year)

8. AGE: Years **57** Months **8** Days **17** If less than one day hr. _____ min.

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

10. Usual occupation **House-Wife.**

11. Industry or business _____

12. Name **Adam Goeddel**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Harry Towns** (b) Address **3315 Oregon Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **March 28, 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery.**

18. (a) Signature of funeral director **Ziegenhein Bros.**

(b) Address **2623 Cherokee Street**

19. (a) **MAR 28 1941** (Date received local registrar) (b) **J. W. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **2400**
(c) City or town **Saint Louis,** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **3315 Oregon Ave.** (If rural, give location) **9**
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25th,**
year **1941.** hour **7** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **3-23-1941** to **3-25, 1941**
that I last saw her alive on **3-25, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic coma**

Due to **Diabetes Mellitus**

Due to _____
Other conditions **101**
(Include pregnancy within 3 months of death)

Major findings: **101**
Of operations _____
Of autopsy **51**

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) _____
(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 **7**

23. Signature **Frederick J. Smith** (M. D.)
Address **4930 Lindell** Date signed **5-27-41**

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

0
1
9

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..... *W E Morris*

..... Licensed Embalmer No. *3360*

..... P. O. Address. *2623 Cheryl*

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.