

FILLED JUL 21 1941

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Baptist 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1036 Grand View Pl.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Stuart S. Southworth

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. A-29-09-7154

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

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September 3, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 9 4 hr. min.

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

10. Usual occupation Advertising  
St. Louis Globe Democrat

11. Industry or business \_\_\_\_\_

12. Name Samuel S. Southworth

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

14. Maiden name Emma McKinney

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

16. (a) Informant Emma Southworth

(b) Address 1036 Grand View Pl.

17. (a) Burial (b) Date thereof 6/10/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Valhalla  
Edith E. Ambruster

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 4234 Manchester

19. (a) Jun 9 1941 (b) J. Fredick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1941 hour 9.15 A. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 3 1941 to June 7 1941  
that I last saw him alive on June 7 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis of abdomen - which metastasized from carcinoma of colon  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations as above  
Of autopsy as above

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) Means of injury \_\_\_\_\_  
23. Signature James A. Borson (M. D. or other) \_\_\_\_\_  
Address Wall Bldg Date signed 6-9-41

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

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**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.....

*Florenz Eynck*

Licensed Embalmer No.....

*1284*

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.**