

No. 2  
-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22554

State File No. \_\_\_\_\_

JUL 7 1941  
Registration District No. 761

Primary Registration District No. 4456

Registrar's No. 21

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Appleton City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: E. Pratt Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution from birth  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County 93  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME FAE, ALLINE, SNETHEN

3. (b) If veteran, name war none (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 \_\_\_\_\_

7. Birth date of deceased June 24 - 1941  
(Month) (Day) (Year)

8. AGE: Years X Months X Days ✓ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

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

MOTHER FATHER  
12. Name Floyd Smith cu  
13. Birthplace St. Clair Co, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Jos. Beat Ginder  
15. Birthplace St. Charles Co, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ward Ginder  
(b) Address Appleton City, Mo

17. (a) Buried (b) Date thereof June 25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Zion Cmn

18. (a) Signature of funeral director Frank Lee  
(b) Address Appleton City, Mo

19. (a) 6-25-41 (b) Mrs. Otto Abrey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1941 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from 6-24-41  
19\_\_\_\_, to 6-25-41 19\_\_\_\_;  
that I last saw her alive on 6-25-41 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelactasis

Due to Pneumonia

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

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? 83 in

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. R. Lee (M. D. or other) MD  
Address Appleton City, Mo Date signed 6-25-41

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

RECEIVED

District Health Officer No. 7

District File Number 7-41-1075

Date Filed 7-2-41

STATEMENT BY LICENSED EMBALMER

*not embalmed*

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 *Frank Lee*

Licensed Embalmer No. 1099

P. O. Address *Appleton City - Mich*

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.