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FILED JUL 7 1944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

M16 22740
State File No. _____

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1341

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Hts Mo
(c) Name of hospital or institution: St. Marys Hosp
(d) Length of stay: In hospital or institution 7 years
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights 8
(d) Street No. 6420 Clayton Road. 3
(e) If foreign born, how long in U. S. A. 7 years

3. (a) PRINT FULL NAME BERT-A-DAY
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
year 1944 hour 1:10 P.M.
21. I hereby certify that I attended the deceased from 1939
to June 25, 1944
that I last saw him live on July 25, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Day 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August 22 1873

Immediate cause of death Acute Coronary Thrombosis.
Due to Arterio-sclerosis
Due to _____
Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 10 Days 3 If less than one day 14 hr. 10 min.

Major findings: 940
Of operations _____
Of autopsy Coronary Thrombosis

9. Birthplace Somersetshire England
10. Usual occupation Dry Goods Merchant
11. Industry or business Dry Goods
12. Name Thomas Day
13. Birthplace Somersetshire England
14. Maiden name Unknown
15. Birthplace Somersetshire England

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. C. Mueser (M. D. or other) _____
Address 3720 Washington Date signed 8/27/44

16. (a) Informant Mrs. B. Day
(b) Address 6420 Clayton Road
17. (a) Burial (b) Date thereof June 28 1944
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director John P. Ryan
(b) Address 6336 Clayton Rd.
19. (a) JUN 27 1944 (b) R. C. Mueser (Registrar's signature)

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

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.....

Wm Rogers

Licensed Embalmer No.....

3905

P. O. Address:.....

Richmond Heights

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.