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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23250
5602
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution:
2820 S. Grand Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 1 years, months or days (Specify whether)

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. 2820 S. Grand Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virginia A. Maskow

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4th day July
year 1941 hour 7:55 minute A. M.

3. (b) If veteran, name war *****
3. (c) Social Security No. *****

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

21. I hereby certify that I attended the deceased from July 1 1941 to July 4 1941
that I last saw her alive on July 3 1941
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 0 years

Immediate cause of death chronic myocarditis infarctus
Duration

7. Birth date of deceased October 25 1860
(Month) (Day) (Year)

Due to arterio sclerosis infarctus
Other conditions (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
80 7 9 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Fredrick Miller

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

14. Maiden name Virginia Lafonn (State or foreign country)

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

16. (a) Informant Mark Maskow
(b) Address 2821 A. S. Grand Blvd

17. (a) Burial (b) Date thereof July 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JUL 7 1941 (b) J. W. Bredbeck
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations none
Of autopsy none
PHYSICIAN None
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
23. Signature W. H. ... (M. D. or other)
Address 3318 S Grand Date signed 7-5-41

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

MOTHER FATHER

D. H. A. DeFurter

3518 S. Howard

St. Louis - 0333

Rm. - 0464

1753

5602

5602

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 *Frank DeFurter*

Licensed Embalmer No. *2245*

P. O. Address *St. Louis Mo*

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.