

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**FILED** AUG 8 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26287

Registration District No. 784

Primary Registration District No. 201

Registrar's No. 1560

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Le May Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(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 \_\_\_\_\_ (b) County 96  
 (c) City or town W. N. K.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Unknown Baby Boy  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month July 5th day  
 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 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 alive \_\_\_\_\_ years

**21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;**  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Unknown  
(Month) (Day) (Year)  
 8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Drowning in Mississippi River  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions 76  
(Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy No

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Crowner  
 (b) Address \_\_\_\_\_  
 17. (a) Anatomical Board Date thereof 7-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Louis  
 18. (a) Signature of funeral director W. K. Rulph  
 (b) Address 3700 Rulphs  
 19. (a) JUL 29 1941  
(Date received local registrar's report) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) Unknown  
 (b) Date of occurrence About July 4th, 1941  
 (c) Where did injury occur? Le May St. Louis Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place)  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3  
 23. Signature Louis H. Crowner (M. Crowner)  
 Address Kirkwood, Mo. Date signed \_\_\_\_\_

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

26000

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**