No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29776

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 7114

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CHRISTIAN O 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 1000

(c) City or town ST. LOUIS 6 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4740 CUPPLES PL 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CALLIE FUNKHOUSER

3. (b) If veteran, name war NONE

3. (c) Social Security No. 489108836

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALLIE FUNKHOUSER

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased SEPT. (Month) 10 (Day) 1895 (Year)

8. AGE: Years 45 Months 11 Days 20 If less than one day hr. min

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

10. Usual occupation MILLINER

11. Industry or business ALINE HAT CO.

FATHER
12. Name DREW MEEKS
13. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name NETTIE PARMER
15. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant MARIE KAHMANN
(b) Address 4740 CUPPLES PL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES CEM

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 HAMILTON AVE.

19. (a) SEP 2 1941 (Date received local registrar) (b) J. P. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30th year 1941 hour 4:00 minute P. M.

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

Immediate cause of death Fracture of femur Hemorrhage of Brain Fracture of ribs as a result of an automobile accident in which she was a passenger

Due to

Due to driven by one Allie Funkhouser near Crystal City, Mo

Other conditions (Include pregnancy within 3 months of death) Time Cause & Manner

Major findings:
Of operations could not be determined
Of autopsy

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 8-30-41 050

(c) Where did injury occur? Crystal City, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pub. Place (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 9/1/41

(Licensed Embalmer's Statement on Reverse Side)

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 C. Wm Binkley

Licensed Embalmer No. 3653

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.