

FILLED 7918 1941

Registration District No. _____

Primary Registration District No. _____

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:
Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-Mo. 17 da.
(Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Castlewood, Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st.
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 3rd, 1941, to Sept 21, 1941;
that I last saw him alive on Sept 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Subacute Bacterial Endocarditis
(Septic Myocarditis)
Rheumatic Heart Disease
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: same as above
plus infarcts to spleen

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. Brennan M.D. (M. D. number) _____
Address 509 N. Grand Date signed 9/22/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Dr. Forest H. Staley

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased Aug. 28th., 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Madison / S. D.
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business _____

12. Name George Staley

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

14. Maiden name Laura Richardson

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

16. (a) Informant John W. Staley

(b) Address 930a Hamilton Ave.

17. (a) Burial (b) Date thereof 9-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnell

(b) Address 3840 Lindell Blvd.

19. (a) SEP 23 1941 (b) J. S. Biedick
(Date received local registrar) (Registrar's signature)

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 W. H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.