

S. No. 2
-1-4-41
5-17-39
PI X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32558

State File No. _____

FILED OCT 7 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2012

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(c) Name of hospital or institution: Pine Crest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. (Specify whether)
In this community 2 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town Ballwin, 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 _____

3. (a) PRINT FULL NAME WILLIAM AYERS

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 29
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 18 - 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Ret

11. Industry or business _____

MOTHER FATHER { 12. Name William Ayres
13. Birthplace 9 Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9 Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Nursing Home
(b) Address Ballwin, Mo

17. (a) _____ (Social, economic, or removal) (b) Date thereof 9-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) OCT 3 - 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1941 hour 5 minute _____ P. M.
21. I hereby certify that I attended the deceased from July 22nd 1941 to Sept 27 1941
that I last saw him alive on Sept 26 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration _____
Due to _____
Due to _____

Other conditions Myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____ 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 _____
(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 R. W. Jansen (M. D. certifying) _____
Address Manchester, Mo Date signed Sept 29/41

(Licensed Embalmer's Statement on Reverse Side)

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

006

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.