

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33191**
8145

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4451 Washington Blvd. 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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4451 Washington Bl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11
year 1941 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from
October 9, 1941, to October 11, 1941;
that I last saw him alive on October 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage
Due to cerebral arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)
83 N

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 V. A. Boverman (M. D.)
Address 718 University Club Bldg Date signed 10-13-41
St. Louis, Mo.

8. (a) PRINT FULL NAME August Morice
3. (b) If veteran, name war _____ 8. (c) Social Security No. 497.01-3933

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Dec 8th 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation basket maker

11. Industry or business Kregel basket co.

MOTHER FATHER
12. Name August Morice
13. Birthplace Bloomdale Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Monure
15. Birthplace Bloomdale Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary M. Altman

(b) Address 4451 Washington Bl.

17. (a) Interment (b) Date thereof Oct. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4451 Washington Bl.

19. (a) OCT 13 1941 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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

0079

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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

John Ketter

Licensed Embalmer No. 2880

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; above space should be left blank.