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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 2 4 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33332

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **8287**

1. PLACE OF DEATH:

(a) County _____
(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:
St. Louis City Hospital #1 15
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Mos. and 21 Days**
(Specify whether
In this community **68 Years**
years, months or days)

3. (a) PRINT FULL NAME **Barbara Stevens**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Charles** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **December 23 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **9** Days **24** If less than one day hr. min.

9. Birthplace **St. Louis Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

12. Name **-----Hiller**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Minnie Stevens**
(b) Address **4546 Varrelman Ave.**

17. (a) **Burial** (b) Date thereof **10-20-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **John E. Miksinski**
(b) Address **3634 Gravois Ave.**

19. (a) **OCT 18 1941** (b) **J. P. Budeak**
(Date received local health) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **009**
(c) City or town **St. Louis** **9/5**
(If outside city or town limits, write "RURAL")
(d) Street No. **4546 Varrelman Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **17**
year **1941** hour **1:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **June 26**, 19 **41** to **October 17**, 19 **41**; that I last saw h. **or** alive on **October 17**, 19 **41**; and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial infarction with cerebral arterio-sclerosis**

Due to _____

Due to _____

Other conditions **97**
(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) (a) Means of injury **9**

23. Signature **John E. Miksinski** 10/17/41
Address **1515 Lafayette Avenue** Date signed _____

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

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.....

Frank J. Ryland
Licensed Embalmer No. *2645*
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.