

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

96
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3

Registration District No. 789

Primary Registration District No. 101

Registrar's No. 2078

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1225 N. Bemiston
(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 Mo. (b) County St. Louis
 (c) City or town Clayton
(If outside city or town limits, write "RURAL")
 (d) Street No. 225 N. Bemiston
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME F Frank Human
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 10
 year 1941 hour 85 minute 45 A.M.
 21. I hereby certify that I attended the deceased from 8/28 1941 to 10/10 1941
 and that death occurred on the date and hour stated above.
 that I last saw him alive on 10/10 1941
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh
 6. (a) Single/widowed, married, divorced Married
 (b) Name of husband or wife Elizabeth Human
 (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased Jan 16 1860
(Month) (Day) (Year)

Immediate cause of death
Chr. interstitial nephritis
hypertension
 Duration _____

8. AGE: Years 81 Months 8 Days 29
If less than one day _____ hr. _____ min.

Due to _____
 Due to 13/10
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Ret Hardware Merchant

11. Industry or business _____
 12. Name Wm. Human
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Gertrude Bockwinkel
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Elizabeth Human
 (b) Address 225 N. Bemiston, Clayton
 17. (a) Burial (b) Date thereof 10/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valvary Cemty

23. Signature J. A. Stoelske (M. D. or other M.D.)
 Address 1221 Central, Clayton Date signed 10/10/41

18. (a) Signature of funeral director Louis H. Bopp
Kirkwood Mo.
 (b) Address _____
 19. (a) OCT 10 1941 (b) H. Mc. L...
(Date received local registrar) (Registrar's signature)

19. (a) OCT 10 1941 (b) H. Mc. L...
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Louis H Bopp

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H Bopp

Licensed Embalmer No. *921*.....

P. O. Address..... *Hickwood*

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.