

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43002

DEC 31 1941

State File No. 2

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 2595

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Maplewood Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7205 Saraha St.
(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

3. (a) PRINT FULL NAME William W Nead

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

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

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years at 77 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mary Clegg

(b) Address 4435 Forest Park Blvd. St. Louis Mo

17. (a) Burial (b) Date thereof Dec 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 1/2 W. Chester

19. (a) DEC 22 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 7205 Sarah Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1941 hour 9:50 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Fell down stairs Duration _____

Due to Multiple lacerations of head; subdural & subarachnoid hemorrhage; cancer of rectum.

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

Major findings: Of operations _____

Of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 20, 1941

(c) Where did injury occur? Maplewood, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home

While at work? _____ (Specify type of place) (e) Means of injury Fall

Signature [Signature] Address Kirkwood, Mo. Date signed 12/22/41

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

FEB 21 1942

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..... *S E Burgess*

Licensed Embalmer No..... *4029*

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.