

V. S. No. 2
DM-1-4-41
v. 5-17-39
I X 25390

3416

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 24 1942

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 320

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
918 Simmons
(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 St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 918 Simmons
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Margarette A. Alexander

3. (b) If veteran, name war None

3. (c) Social Security No. 487-22-987

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1942 hour 3 minute 15 P. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Name of husband or wife Married: Alexander

6. (e) Age of husband or wife if alive 11 years

7. Birth date of deceased Jan 13 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/25 1942 to 2/10 1942
that I last saw hER alive on 2/10 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>0</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death:
Acute rheumatic endocarditis with mitral stenosis
Due to Acute rheumatism 22 years

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

10. Usual occupation Housewife Clerk

Other conditions (Include pregnancy within 3 months of death) 58k

11. Industry or business Hamm's Co.

MOTHER FATHER { 12. Name John Cain

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

14. Maiden name Margaret Helen

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Alexander

(b) Address 918 Simmons

17. (a) Burial (b) Date thereof 2-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lucas

18. (a) Signature of funeral director Louis J. Bopp

(b) Address Kirkwood Mo

19. (a) FEB 11 1942 (b) J. M. Danner
(Printed name of registrar) (Registrar's signature)

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 Queenie M. Jones (M. D. or other) _____

Address Kirkwood Mo Date signed 2/10/42

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

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4
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McG

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. *Kirkwood*

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.