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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3437

State File No. _____

FILED JAN 27 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 86

1. PLACE OF DEATH:

(a) County: ST. LOUIS

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

(c) Name of hospital or institution: OSARK HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 MONTHS
(Specify whether years, months or days)

In this community: _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 112

(a) State: MISSOURI (b) County: D

(c) City or town: WEBSTER 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 815 MARSHALL 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: LEE BEVIRT

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JANUARY day: 11
year: 1942 hour: 11 minute: 40 A.M.

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWER

6. (b) Name of husband or wife: UNKNOWN

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: NOVEMBER 10 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 8th, 1942 to Jan 10, 1942
that I last saw him alive on Jan 10th, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>1</u>	hr. _____ min.

Immediate cause of death: Cerebral hemorrhage

Due to: Arteriosclerosis Uncertain

Due to: Chronic nephritis

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

9. Birthplace: FRENCH VILLAGE ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation: MORTICIAN

11. Industry or business: MORTUARY

12. Name: UNKNOWN

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

14. Maiden name: UNKNOWN

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

Major findings: 1314

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Laura Chastain

(b) Address: Manchester Mo.

17. (a) BURIAL (b) Date thereof: JAN 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: BELEVILLE, ILL.

18. (a) Signature of funeral director: Wm J. Baldus
(b) Address: Belleville, Ill.

19. (a) JAN 11 1942 (b) J. McHarvey
(Date received local 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: Clara M. Sibert, M.D. (M. D. or other) ✓

Address: Valley Park Mo. Date signed: 1/11/42

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.....

Edgar A. Baldus

Licensed Embalmer No.....

2846

P.O. Address.....

Belleville, Ill.

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.