4437
S. No. 2
M—9-4-41
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I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1942

Registration District No. 791

Primary Registration District No. 1003

State File No. 4478

Registrar's No. 2007

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1Mo. 1Day
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 24

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. ~~CITY HOSPITAL~~ 2832a S. Jefferson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert CLAY HOUSE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased FEB (Month) 4 (Day) 1942 (Year)

8. AGE: Years | Months – | Days 28 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Mo. (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name DONALD HOUSE
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name MARGARET MYERS.
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Donald House
(b) Address 2832a S. Jefferson av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av

19. (a) MAR 4 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3, year 1942 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from February 2, 1942 to March 3, 1942 that I last saw him alive on March 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Icterus gravis — 1mo

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

161

Major findings:
Of operations

Of autopsy as above

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Geo W Salmon (M. D. or other) M.D.

Address 1515 Lafayette Avenue. Date signed 3/3/42

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer, Registered Apprentice No. ....., working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.