

FILED MAR 17 1942 791

Registration District No. Primary Registration District No. 1005 Registrar's No. 1020

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4943 Laclede Ave.,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
(Specify whether
 In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 800
 (c) City or town St. Louis 12/17
(If outside city or town limits, write "RURAL")
 (d) Street No. 4943 Laclede Ave., 9
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day Jan
 year 1942 hour 8:15 minute 0 M.

21. I hereby certify that I attended the deceased from
Dec 10 1941 to Jan. 31 1942
 that I last saw him alive on Jan 31 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.
Myocarditis, Ch.
 Due to 93d
 Due to

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 93d
 Of autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

While at work? Chas. Wolff (Specify type of place) (e) Means of injury 0
 23. Signature J. T. Bradick (M. D. 0)
 Address 1418 Franklin Date signed 2/2/42

3. (a) PRINT FULL NAME Tyler Sturgeon
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 23 1872
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>69</u>	<u>4</u>	<u>8</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business Board Public Service

12. Name Isack H. Sturgeon

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

14. Maiden name Ann C. Allen

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

16. (a) Informant Miss Deloape Sturgeon
 (b) Address 4943 Laclede Ave

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

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.
 (b) Address 3621 Olive St

19. (a) Feb 2 1942 (b) J. T. Bradick
(Date received local registrar's certificate) (Registrar's signature)

Mr. Chas Wolf
1418 Franklin
9 AM.

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.....

Robert T. Sangster

Registered Apprentice No. 259

working under my personal supervision.

Signed

Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address St. Louis, Mo.

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.