

No. 2
1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7887

FILED MAR 10 1942

Registration District No. 784

Primary Registration District No. 207

Registrar's No. 449

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin

(c) Name of hospital or institution: Pine Crest Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sept 16, 41
(Specify whether years, months or days) 5 months

In this community 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. City Hospital
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Stephen Reed

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th
year 1942 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1941 to Feb. 6, 1942
that I last saw him alive on Feb. 6, 1942
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

7. Birth date of deceased 12/7/65
(Month) (Day) (Year)

Immediate cause of death Chronic nephritis with uremia

Due to _____

Due to 131

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 1 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation unknown

11. Industry or business _____

12. Name Unknown

13. Birthplace 1
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace 1
(City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Home

(b) Address Ballwin

17. (a) _____ Date thereof 2-6-42
(Special notification or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. Kuntz

(b) Address 3500 Ruton

19. (a) FEB 27 1942 (Date received local registrar)

(b) G. Mc Dehann (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature B. R. Loring (M. D. or other) MD

Address Ballwin Mo Date signed 2-7-42

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

MOTHER FATHER

701

(Licensed Emballer'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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.