

S. No. 2  
M-9.4-41  
Rev. 5-17-39  
X29484

8309

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 17 1942

1003

Registrar's No. 3016

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital # 1  
(If not in hospital or institution, write street number or location) 0  
 (d) Length of stay: In hospital or institution 3 Wks.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 24. <sup>100</sup>  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2119 Cherokee St.  
(If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country..... 0

3. (a) PRINT FULL NAME Lillie Boyts

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 24  
 year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
 that I last saw h..... alive on ..... 19.....  
 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased. Aug. 13 1869  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Thrombosis  
Fracture of Rt. Femur Laceration of liver when she was struck by an automobile driven by one Marion Francis  
back year at Jefferson and Park Ave about 6:40 AM  
March 6 1942

Other conditions (include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>20</u>	..... hr. .... min.

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

10. Usual occupation Matron

11. Industry or business.....

12. Name Clemens Bentler

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

14. Maiden name Mary Hammer

15. Birthplace Germany  
(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 Joseph Boyts  
 (b) Address 2119 Cherokee

17. (a) Burial (b) Date thereof 4-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winchester Ill

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec St.

19. (a) APR 3 1942 (b) J. F. Gredeck  
(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) Primal Cocaine  
 (b) Date of occurrence May 9 1942  
 (c) Where did injury occur? St Louis  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

20. While at work? NO (Specify type of place) (or) Means of injury Auto

23. Signature Thomas Halloran (M. D. or other) 3  
 Address Deputy Coroner Date signed 4/3/42

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.....

*Clarence Kochow*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Clarence Kochow*.....

Licensed Embalmer No. *3093*.....

P. O. Address *3013 Meramec*.....

**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.