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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 8748

FILED APR 8 1942 791

Registration District No.

Primary Registration District No. 100

Registrar's No. 2253

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

**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
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 6Days (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County 18 000 17 9

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

(d) Street No. 4300 CLAYTON.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Fremont Inman

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife LULU

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased JAN (Month) 23 (Day) 1875 (Year)

8. AGE: Years 67 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Cabinet Maker

11. Industry or business UNEMPLOYED

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name MARY. BEVIL
15. Birthplace (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant Leslie Inman
(b) Address 4300. Clayton.

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 3 / 12 / 42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope. Cem

18. (a) Signature of funeral director Jos. P. Friedler
(b) Address 7128 Michigan.

19. (a) 12 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 10, year 1942 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from March 5, 1942 to March 10, 1942; that I last saw him alive on March 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular thrombosis right middle cerebral art 5 days

Due to Essential hypertension Gen arteriosclerosis

Due to

Other conditions Atrophic left testis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 836

Of autopsy Same.

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 0

23. Signature Leo J. Wade (M.D. or other)

Address 1515 Lafayette Ave. Date signed 3/11/42

(Licensed Embalmer's Statement on Reverse Side)

Ri = 0594

## 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 Jas. P. Findlay Jr.

Licensed Embalmer No. 925

P. O. Address St Louis

**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.**