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 V. S. No. 2
 OM-9-4-41
 Rev. 5-17-39
 I X29282

13056
 State File No. 4187
 Registrar's No.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

Registration District No. Primary Registration District No.

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)
 (d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2320 Louisiana Ave
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Joseph Secrest
 3. (b) If veteran, name war..... *****
 3. (c) Social Security No. 327-18-6027

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..... February 11 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 3 0 hr. min.

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

10. Usual occupation..... Laborer

11. Industry or business..... General Towel and Linen S. Co

12. Name..... Emmet Secrest
 13. Birthplace..... Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name..... May Holloman
 15. Birthplace..... Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant..... May Holloman
 (b) Address..... Norris City Illinois

17. (a) Removal (b) Date thereof..... May 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Norris City Illinois

18. (a) Signature of funeral director..... Petz Brothre
 (b) Address..... 3029 Lafayette Ave

19. (a) MAY 12 1942 (b) J. J. Bedeck
(Date received for local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11, year 1942 hour 11:30 minute A. M.
 21. I hereby certify that I attended the deceased from May 9, 1942 to May 11, 1942
 that I last saw h. im alive on May 11, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Renal Nephritis
No clear kidney condition
 Due to.....
 Due to.....
 Other conditions..... ulcer of stomach
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
above 11/7 a

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) (Means of injury)
 23. Signature..... J. J. Bedeck (M. D. or other).....
 Address..... 1515 Lafayette Avenue Date signed 5/11/42

(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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Harry J. Schumaker*
Licensed Embalmer No. *2679*
P. O. Address *732 Lemay*

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.