

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16054

Registrar's No. 4736

Registration District No. Primary Registration District No.

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: Christian Hospital.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 Hours.  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri. (b) County St. Louis.  
 (c) City or town Jennings.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2705 Kinemore Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? NR.  
 If yes, name country.

3. (a) PRINT FULL NAME Lewella Cova.

MEDICAL CERTIFICATION

3. (b) If veteran, name war No. (c) Social Security No. None.

20. DATE OF DEATH: Month May day 28 year 1942 hour 2:45 P.M. minute M.

4. Sex Female / 5. Color or race White 0 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from May 28 1942 to May 28 1942 that I last saw her alive on May 28 1942 and that death occurred on the date and hour stated above.

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

Immediate cause of death: Protraction and pressure during delivery. Post presentation. Duration

7. Birth date of deceased May 28 1942 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 5 hr. min.

Due to: Held in

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

Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation Infant.

Major findings: Of operations

11. Industry or business

Of autopsy

12. Name Victor Cova.

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

14. Maiden name Vernell Lindeman.

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

16. (a) Informant Victor Cova. (b) Address 2705 Kinemore Ave.

17. (a) Burial (b) Date thereof 5-30-42 (Month) (Day) (Year) (c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co. (b) Address 2223 St. Louis Ave.

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: Roel O. McBlain M. D. or other Date signed 5/29/42  
 Address: 4356 Garme

19. (a) MAY 30 1942 (b) (Registrar's signature)

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

Dr. Mc Elreath!

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 *Horace L. Ponder*  
Licensed Embalmer No. *3367*  
P. O. Address *2223 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1605-4  
Registrar's No. 4736

Registration District No. ....

Primary Registration District No. ....

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: Christian Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hours  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Luella Cora

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased May 28-1942  
(Month) (Day) (Year)

8. AGE: Years Months Days (If less than one day min.)

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

10. Usual occupation

11. Industry of business

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a) Jul 17 1942 (b) J. Z. Budick  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Jennings  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2705 - Kinross Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 28  
Year 1942 Hour 20 minute 45 P.M.

21. I hereby certify that I attended the deceased from..... 19.....  
that I last saw him..... where on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

1942

S-16054

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