

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

16436

791 STANDARD CERTIFICATE OF DEATH 1003

State File No. 4821

Registrar's No. _____

FILED JUN 15 1942
Registration District No. _____

Primary Registration District No. _____

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Tennie Medlin

3. (b) If veteran, name war _____

3. (c) Social Security No. Nil

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Medlin

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

7. Birth date of deceased July 26, 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	10	5	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name George Russell

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

14. Maiden name Douglas Looney

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Godbey

(b) Address 4228 & Russell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/42
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUN 2 1942 (Date received local registrar)

J. F. Brudette (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4228a Russell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1942 hour 6.10 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis; Cirrhosis of Liver.

Due to _____

Due to _____

Other conditions NIK
(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? _____

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

23. Signature Thomas F. Callahan (M.D. or other) _____

Address Deputy Coroner Date signed 6/2/42

10/10/2007 11:15:00
10/10/2007 11:15:00

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.

Autopsy

Signed *Henry Eynack*

Licensed Embalmer No. *1284*

P. O. Address *St Louis Mo*

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.