V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16738

Registrar's No. 4880

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:
4206 Castleman Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 34 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis. 917
(If outside city or town limits, write "RURAL")
(d) Street No. 4206 Castleman Ave.
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Verona May Townes.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

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

6. (b) Name of husband or wife Louis Townes.

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased September (Month) 10, (Day) 1905 (Year)

8. AGE: Years 36 | Months 8 | Days 22 | If less than one day hr. min.

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

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Ira Claspill.
13. Birthplace Sullivan, Mo. (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name Dora Schneider.
15. Birthplace Sullivan, Mo. (City, town, or county) O (State or foreign country)

16. (a) Informant Louis Townes.
(b) Address 4206 Castleman Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director Arthur L. Donnelly
(b) Address 9840 Lindell Blvd

19. (a) JUN 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd.
year 1942 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1-1-6- 1936 to 6-2- 1942
that I last saw h. ev. alive on 4-15-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation

Due to Mitral Stenosis

Due to Rheumatic Heart Disease

Other conditions
(Include pregnancy within 3 months of death) None

Major findings:
Of operations None

Of autopsy None

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 O

23. Signature (M. D. or other)
Address Humboldt Bldg Date signed 6-2-42

(Licensed Embalmer's Statement on Reverse Side)

Dr Reis
Humboldt Bldg

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.