

FILED JUL 6 1942 791

State File No. \_\_\_\_\_  
Registrar's No. 5322

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5580 Page Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5580 Page Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Barbara C. Lounsberry

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Carl W. Lounsberry  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Nov. 12 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 7 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank A. Mizick  
13. Birthplace Ia.  
(City, town, or county) (State or foreign country)  
14. Maiden name Antonia Devorak  
15. Birthplace Europe  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl W. Lounsberry  
(b) Address 5580 Page Blvd.

17. (a) Removal (b) Date thereof 6-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation West Liberty Ia.

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.

19. (a) JUN 20 1942 (b) J. F. Budock  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th  
year 1942 hour 1:15 minute 9M.

21. I hereby certify that I attended the deceased from June 17 - 1942  
to June 20 - 1942  
that I last saw her alive on June 20 - 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of myocardium  
Due to auricular fibrillation  
and arterial insufficiency  
Due to hypertension  
Other conditions with nephritic changes  
(Include pregnancy within 3 months of death)

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature J. P. Murphy (M. D. or other)  
Address 2407 Franklin Street Date signed \_\_\_\_\_

At P. J. M. [unclear] 10,8770  
2018. King of [unclear]  
2-5 P.M.

**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 Warren A. Carver  
Licensed Embalmer No. 3534  
P. O. Address.....

**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.**