

S. No. 2  
M-9-4-41  
v. 5-17-39  
I-X29424

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23048  
6144

State File No.

Registrar's No.

FILED JUL 28 1942

1003

Registration District No.

Primary Registration District No.

000  
17  
9

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: 2 City Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mos. 13 dys.  
(Specify whether years, months or days)

In this community About 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2609 So. Grand Bl.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD READ

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1942 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from 2-6-42, 1942, to 7-19-42, 1942; that I last saw him alive on 7-19-42, 1942; and that death occurred on the date and hour stated above.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Laura Read

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

7. Birth date of deceased March 24, 1855  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Hypertensive Heart Disease

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

Due to 2-6-42x

Due to Senility 2-6-42x

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

10. Usual occupation Unknown

Other conditions 921  
(Include pregnancy within 3 months of death)

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

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown Canada 2  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ No. 90

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Deputy City Sanitarium

(b) Address City Sanitarium

17. (a) Burial (b) Date of July 21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Ordis Mostuary

(b) Address 4468 Washington Blvd

19. (a) JUL 27 1942 (b) J. F. Bruck  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature W. F. McLaure (M. D. or other) MD

Address 5400 Arsenal Date signed 7/19/42

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**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

*Philip M. Lewis*

Licensed Embalmer No. *3281*

P. O. Address *4468 Washington*

**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.**