

S. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25757

State File No. 6791

Registrar's No. 2401

Registration District No. 701

Primary Registration District No. 1003

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

0074
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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:
908 Dover Place /
(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 JEANETTE CONE CONE

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 Single

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

7. Birth date of deceased Sept 11 1920
(Month) (Day) (Year)

8. AGE: Years 21 Months 11 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Oscar R Cone
13. Birthplace Una Dilla Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Rena Howard
15. Birthplace Freeborne Minnesota
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar R. Cone

(b) Address 908 Dover Place

17. (a) Cremation (b) Date thereof 8 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louia Ave

19. (a) AUG 12 1942 (b) J. F. Brudeak
(Date of local death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 908 Dover Place
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11th
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-15-42
_____ 19____ to 8-11- 1942
that I last saw h. a alive on 8-11- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Th. /
Due to _____
Due to 13
Other conditions (include pregnancy within 3 months of death) 23

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 0

23. Signature Albert Haylan (M. D. or other) _____
Address 634 N. Grand Date signed 8-11-42

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 _____

Helis J. Krissin

Licensed Embalmer No. _____

3497

P. O. Address _____

1936 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, above space should be left blank.