

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 18 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

29155

State File No. \_\_\_\_\_  
Registrar's No. 7450

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

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:  
4143 Botanical 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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Edward G. Sample

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Sample 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 11th 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 9 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman

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

12. Name Isaac Sample Tennessee

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Grindstaff

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

16. (a) Informant Clara J. Sample

(b) Address 4143 Botanical Ave.

17. (a) Burial (b) Date thereof 9-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Kriegshausen Mortuar  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 6 1942 (b) J. T. Brudick  
(Date received local registrar) (Registrar's signature)

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. 4143 Botanical Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th  
year 1942 hour 11:40 minute \_\_\_\_\_ P.M. M.

21. I hereby certify that I attended the deceased from Oct 26  
\_\_\_\_\_ 1942 to Sept 4 1942

that I last saw h. \_\_\_\_\_ alive on Sept 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to with bone metastases

Due to (Fracture of spine)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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?

23. Signature \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature L. H. Sample (M. D. or other) \_\_\_\_\_  
Address 303 Harrison St. Date signed 9/7/42

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

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

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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.....  
*Clara A. McNamee*

Licensed Embalmer No. 3024

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.**