

S. No. 2
M-9-4-41
ev 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31435**

FILED OCT 6 1942

Registration District No. **200**

Primary Registration District No. **200**

Registrar's No. **1967**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Vinita Park**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8310-Buchanan Avenue
(If not in hospital or institution, write street number or location)

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

In this community **life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Vinita Park**
(If outside city or town limits, write "RURAL")

(d) Street No. **8310-Buchanan Avenue**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **Ruth Stevens**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W**

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

6. (b) Name of husband or wife **Clair F.**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Mar 21 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

43 **6** **0** hr. min.

9. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **John G. Primus**

13. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret C. Moeller**

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

16. (a) Informant **Clair F. Stevens**

(b) Address **8310-Buchanan Vinita Park-Mo**

17. (a) **Burial** (b) Date thereof **9-24-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Bairnsman Bros**

(b) Address **2504 Woodson Overland, Mo.**

19. (a) **SEP 21 1942** (b) **C. D. Mc Larver**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21**
year **1942** hour **2** minute **30 a. M.**

21. I hereby certify that I attended the deceased from **July** 1942 to **Sept 21** 1942
that I last saw her alive on **Sept. 16** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to **Chronic rheumatoid arthritis**

Other conditions **93d**

PHYSICIAN

Major findings: Of operations.....

Of autopsy **Normal**

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).....

23. Signature **H. K. Williams** (M. D. or other) **MD**
Address **496 30th Street** Date signed **9/24/42**

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 Gustav R. Baumann

Licensed Embalmer No. 7315

P. O. Address Overland, Mo.

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.