S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38088

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2425

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8707 Geiger Road /
(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)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County Carsonville 0
(c) City or town St. Louis, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8707 Geiger Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Richard Major
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Mary Louise Major
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Dec. 3rd, 1865 (Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 16 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Carpet Manufacturer
11. Industry or business Self

FATHER
12. Name Wm. F. Major
13. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Brodley
15. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Major
(b) Address 8707 Geiger Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Mark L. Tiernon
(b) Address 6100 W. Florissant Ave
19. (a) NOV 21 1942 (Date received local registrar) (b) E. G. McGarrow M.D. (Registrar's signature) U.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19 year 1942 hour 11: minute 30 P. M.
21. I hereby certify that I attended the deceased from previous to 1937, 19, to Nov. 19, 1942; that I last saw him alive on Nov. 19, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Cardio Vascular Renal Disease Senile type. Chr. Int. Nephritis. Chr. Myo-Carditis. Chr. Arterio Sclerosis. Chr. Hypertension -	7 yrs.
Due to: Secondary: Cerrebral Apoplexy. 7 strokes-causing complete paralysis and bedfast-	
Other conditions: 3 yrs. Last stroke Nov. 17 '42 and never regained consciousness. (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

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

131a

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? no (Specify type of place)
While at work? no (e) Means of injury
23. Signature [signature] M.D. 21/42
Address DR. LUKE B. TIERNON 3718 JENNINGS ROAD Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Mark L. Tremo

Licensed Embalmer No. 4174

P. O. Address 6100 W. Florissant

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.