208
V. S. No. 2
50M—5-42
ev. 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 JAN 13 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38409

Primary Registration District No. 1002

Registrar's No. 11073

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community

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. 919a Geyer (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Aron Addison

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife XX

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

7. Birth date of deceased December (Month) 10 (Day) 1905 (Year)

8. AGE: Years 38 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Broughton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Watchmaker

11. Industry or business

FATHER
12. Name Josiah Addison
13. Birthplace St.Francis (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Rosetta Porter
15. Birthplace Broughton (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Josiah Addison
(b) Address 919a Geyer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/43 (Month) (Day) (Year)
(c) Place: burial or cremation New St.Marcus

18. (a) Signature of funeral director [illegible]
(b) Address 3013 Meramec

19. (a) Dec 31 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31. year 1942 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from December 30. 1942 to December 31. 1942; that I last saw him alive on December 31. 1942; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
For advanced pulmonary tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)
Address 1515 Lafayette Ave. Date signed 12/31/42

(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 George N.Archambault, Registered Apprentice No. XX X, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.