V. S. No. 2
M—11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 202

FILED FEB 4 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 889

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3225 Florissant
Little Sisters of the Poor
(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: 000 17 259

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits write "RURAL")

(d) Street No. 1406 (Rear) Hadley
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph Douglas

3. (b) If veteran, name war None

3. (c) Social Security No. 490-12-0902

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September 5, 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Scottland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business

FATHER
12. Name Archibald Douglas
13. Birthplace Scottland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jessie Bellrs
15. Birthplace Scottland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chas. Dyer
(b) Address 2011 Fair Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,

19. (a) JAN 28 1943 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Jan 4, 1943, to Jan. 28, 1943
that I last saw him alive on Jan 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	??
Auricular Fibrillation	
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 Bernard H. Slotte (M. D. ~~or other~~)
Address 2302 Salisbury St. Date signed 1-28-43

(Licensed Embalmer's Statement on Reverse Side)

B

DR. FLOTTE
2300 SALISBURY

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis, 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, above space should be left blank.