

5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

769
State File No.
Registrar's No. **535**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lungtree Co. 2101 S. Vandeventer/
(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:
(a) State **MISSOURI** (b) County **000**
(c) City or town **ST. LOUIS** **17**
(If outside city or town limits, write "RURAL") **9 17**
(d) Street No. **3213 Russell Blvd**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Sterling D. Skidmore**
3. (b) If veteran, name war **--** 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **18**
year **1943** hour **10** minutes **25** A.M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Maybell Skidmore** 6. (c) Age of husband or wife if alive **35** years
7. Birth date of deceased **Feb. 8 1894**
(Month) (Day) (Year)

Immediate cause of death
Coronary Occlusion
Coronary Sclerosis
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
48 11 10 hr. min.
9. Birthplace **Missouri** (City, town, or county) (State or foreign country) **0**
10. Usual occupation **Chauffeur**

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

MOTHER FATHER }
11. Industry or business.....
12. Name **William Skidmore**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**
14. Maiden name **Unknown** (City, town, or county) (State or foreign country) **9**
15. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**
16. (a) Informant **Maybell Skidmore**
(b) Address **3213 Russell Blvd**
17. (a) **Burial** (b) Date thereof **1/20/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus**
18. (a) Signature of funeral director **J. E. Magall**
(b) Address **1926 Allen Ave.**
19. (a) **JAN 19 1943** (b) **J. F. Brideck**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury **3**
23. Signature **Thomas F. Callanera** (M. D. or other)
Address **Deputy Coroner** Date signed **1-4-43**

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

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed A. M. Davis
Licensed Embalmer No. 3741
P. O. Address 1926 Allen Ave

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.