

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 2 1943 318
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 744

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DePaul Hospital
(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 Laclede 53
 (c) City or town Lebanon
(If outside city or town limits, write "RURAL") 211
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Margaret Vernon
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

4. Sex Female
 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Everett L. Vernon
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Feb 12 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 11
 If less than one day _____ hr. _____ min.

9. Birthplace Salem Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Doe Linton
 13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Eric Spague
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. I. H. Johnson
 (b) Address 6820 Delmar Ave.

17. (a) Burial (b) Date thereof 1-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Mo.

18. (a) Signature of funeral director Albert H. Hoop Inc.
 (b) Address 4700 Washington Ave.

19. (a) JAN 25 1943 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
 year 1943 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 22 1943 to Jan 23-43
 that I last saw her alive on Jan 23-43
 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of small bowel
 Due to Valvular atherosclerosis
 Due to Septic embolism
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration 1 day

Major findings: Gangrene of small bowel
Atherosclerosis of superior mesenteric artery
 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? _____

While at work? _____
(Specify type of place) (e) Circumstances of injury?
 23. Signature J. M. Hoop (M. D. or other) _____
 Address 4952 W. 11th Date signed 2-23-43

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.....

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

Signed..... *Albert H. Hopp*

Licensed Embalmer No..... *1864*

P. O. Address.....

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.