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S. No. 2
M-542
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4080

FILED MAR 15 1943 318

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1003

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo., 2 Days
(Specify whether _____)
In this community _____
years, months or days

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. 208 S 6th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bert Daro

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 21 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 3! If less than one day _____ hr. _____ min.

9. Birthplace Lethershire & Cabinet Maker
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Anton Daro

13. Birthplace Lethershire 8
(City, town, or county) (State or foreign country)

14. Maiden name March

15. Birthplace Rithershire 8
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address _____

17. (a) Anderson's (b) Date thereof 2-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Working for

18. (a) Signature of funeral director W. B. ...
(b) Address 2800 Rutledge St

19. (a) MAR 1 1943 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12, year 1943 hour 9:35 minute P. M.

21. I hereby certify that I attended the deceased from January 10, 1943 to February 12, 1943
that I last saw him alive on February 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Due to Carcinoma of Throat, 6 mo?

Due to _____

Other conditions (Include pregnancy within 3 months of death) H-5-D

Major findings: Of operations _____

Of autopsy _____

Duration

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 a worker? _____ (Specify type of place) Means of injury _____

23. Signature Geo. ... (M. D. or other) _____
Address 1515 Lafayette Avenue, Date 2/13/43

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

844

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.....

Licensed Embalmer No.....

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.