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V-5-17-2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAR 11 1943

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 473

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home #
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... 96
(c) City or town..... 3
(If outside city or town limits, write "RURAL") 0
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1943 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from February 2nd 1943 to February 22nd 1943
that I last saw him alive on February 22nd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis
Due to.....
Due to.....

Other condition Asthenia - Debility
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... 934

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

3. (a) PRINT FULL NAME Thomas Van Shafer

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 April 2 1862
(Month) (Day) (Year)

Age: Years Months Days If less than one day
75 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Nursing Home

(b) Address Balwin, No. 612

17. (a) (Cause, duration, or removal) Washington D. (b) Date thereof 2-23-43
(Month) (Day) (Year)

(c) Place: burial or cremation W. Ruppert

18. (a) Signature of funeral director W. Ruppert

(b) Address 3500 Benton St

19. (a) Date received by registrar MAR 8 1943 (b) Registrar's signature C. H. McKeen, M.D.

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.....
23. Signature R. P. Jensen (M. D. or other) 0
Address Manly St. No Date signed 2/23/43

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

76
0
0

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.