

FILED APR 23 1943

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 3514

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:
4432 Gibson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
 In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jacob Needy

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Needy 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 21 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 30 If less than one day _____ hr. _____ min.

9. Birthplace Cole City Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Armor Needy

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

14. Maiden name Rebecca Landis

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

16. (a) Informant Bertha Needy

(b) Address Salem, Mo.

17. (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) APR 14 1943 (b) J. J. Prater
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
 year 1943 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from April 11 1943
 to April 18 1943
 that I last saw him alive on April 18 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of the Liver & Colon
 Duration 8 months

Due to _____
 Due to H/O

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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) Means of injury _____

23. Signature J. J. Prater (M. Doctor) _____
 Address 3058 Lafayette Date signed 4/13/43

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

MOTHER FATHER

3514

3514

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.....

J. Allen Davis Jr.
.....
Licensed Embalmer No. *4053*

* 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.