

12732

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAY 14 1943 818

Registration District No. Primary Registration District No. 1003 Registrar's No. 4196

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:
City Hospital #1 0
 (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)

3. (a) PRINT FULL NAME Katherine Sansoucie

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divoreed

6. (b) Name of husband or wife..... Frank Sansoucie 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Unknown
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 76hr.min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER { 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..... Clarence Woeber
 (b) Address..... 3441 Union Blvd.

17. (a) Burial..... (b) Date thereof..... 6-6-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Lebanon Cem.

18. (a) Signature of funeral director..... Drehmann-Harral
 (b) Address..... 1905 Union Blvd.

19. (a) MAY 5 1943 (b) J.P. Brudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... Jefferson 50

(c) City or town..... St. Clair 9 NR
 (If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 4
 year..... 1943 hour..... 7:50 minute..... 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.

Immediate cause of death.....
Chronic Myocarditis;
Chronic Interstitial Nephritis.

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

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 at work?..... (Specify type of place)
 (c) Means of injury.....

23. Signature..... Alfred Perry (M.D. or other).....
 Address..... Date signed..... 5/17/43

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

S. No. 2
M-5-42
5-17-39
1 X32273

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 Warren A Carver
Licensed Embalmer No. 3534

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.