

JUN 30 1943 18

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5662**

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

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 #1. O**
(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 **Winfield S. Serven**

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

4. Sex **Male O** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Cora Serven** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **February 4 1854**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 4 16 hr. _____ min.

9. Birthplace **New York City New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance broker**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown Serven**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cora Serven**
(b) Address **2505 North Grand Blvd.,**

17. (a) **Cremation** (b) Date thereof **6/23/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**
(b) Address **4700 Washington Blvd.,**

19. (a) _____ (b) **J. F. Bradeen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2505 North Grand Blvd.,**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**
year **1943** hour **3** minute **40 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Obstruction**
Peritoneal Adhesions
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **1/2**

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 **Thomas F. Callahan** (M. D. or other) _____
Address **Deputy Coroner** Date signed **6-21-43**

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.