26210

S. No. 2
FILED JUL 17 1943
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1587

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ~~7111 GLENMORE~~ ~~St Louis County~~ Clayton Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7111 Glenmore
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME USINGER Louis, C
3. (b) If veteran, name war ✓
3. (c) Social Security No. 490-20-3956
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 Aug. (Month) 27th (Day) 1887 (Year)

8. AGE: Years 55 Months 11 Days 12 If less than one day hr. min.

9. Birthplace ST LOUIS COUNTY (City, town, or county) 0 (State or foreign country)
10. Usual occupation MACHINEST
11. Industry or business KUPFERLE FOUNDRY
FATHER
12. Name HENRY USINGER
13. Birthplace ST LOUIS COUNTY (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name MAGIE Benizes
15. Birthplace ST LOUIS COUNTY (City, town, or county) 0 (State or foreign country)
16. (a) Informant WALTER USINGER
(b) Address 7111 GLENMORE
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem
18. (a) Signature of funeral director Provost Und Co.
(b) Address 3710 N Grand
19. (a) JUL 18 1943 (Date received local registrar) (b) E. G. McLaren M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1943 hour 7 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 Natural causes.

Due to Hypertensive cardio-vascular disease.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Louis H Popp Corr (M. D. or other)
Address Kirkwood, Mo. 7-9-43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blv

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.