

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29368

State File No. _____

FILED AUG 28 1943

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1917

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lamay, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
811 Military Road.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lamay
(If outside city or town limits, write "RURAL")
(d) Street No. 811 Military Rd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank P. Murer

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-09-6748

4. Sex Male 5. Color or Race White 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 August 15 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months --- Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Beer Bottler

11. Industry or business Anheuser Busch Brewery

12. Name Unknown Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Dan Geiler,

(b) Address 811 Military Rd., Lamay, Mo.

17. (a) Burial (b) Date thereof 8- 25-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) AUG 24 1943 (b) C. J. McLaughlin
(Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 23
year 1943 hour 18:00 minute AM

21. I hereby certify that I attended the deceased from September 29 1942 to August 23 1943
that I last saw him alive on August 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Larynx Duration 147
Due to _____
Due to _____

Other conditions Carcinoma of lungs 6 mo
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 492
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? _____

23. Signature [Signature] (M. D. or other) _____
Address 7721 [Address] Date signed 8/23/43

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

2600

div

701

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.....

Paul A. Shanklin
working under my personal supervision.

..... Registered Apprentice No.....

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *781A So Broadway*

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.