

S. No. 2
OM-2.43
5-17-33
X13887

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

318

Registration District No. 12

Primary Registration District No. _____

Registrar's No. 8744

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

1. PLACE OF DEATH:

(a) County.....ST. LOUIS

(b) City or town.....ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3609 N. NEWSTEAD AVE.
(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)

In this community.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME.....ANNIE L. STIDGER

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

4. Sex.....FEMALE

5. Color or race.....WHITE

6. (a) Single, widowed, married, divorced.....DIVORCED

6. (b) Name of husband or wife.....JAMES A. STIDGER

6. (c) Age of husband or wife if alive.....83 years

7. Birth date of deceased.....SEPT. 20 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>12</u>	hr. _____ min.

9. Birthplace.....ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....AT HOME

11. Industry or business.....

MOTHER FATHER { 12. Name.....JOHN LARKIN

13. Birthplace.....IRELAND 4
(City, town, or county) (State or foreign country)

14. Maiden name.....SARAH GRIFFIN

15. Birthplace.....IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant.....ALFRED STIDGER

(b) Address.....3609 N. NEWSTEAD AVE.

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

(c) Place: burial or cremation.....CALVARY CEMETERY

18. (a) Signature of funeral director.....Arthur J. Donnelly

(b) Address.....3840 Lindell Blvd

19. (a) OCT 3 1943 (Date received local registrar)
J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....MO. (b) County.....

(c) City or town.....ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No.....3609 N. NEWSTEAD AVE.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....OCT day.....2
year.....1943 hour.....3 minute.....15 A.M.

21. I hereby certify that I attended the deceased from.....July 1938 to.....Oct 2 1943
that I last saw him/her alive on.....Oct 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....Chronic Myocarditis

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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.....

Signature.....Seth P. Smith (M. D. or other)
Address.....4500 Clarence Date signed.....Oct 1943

Duration.....5 yrs

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linwood

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.