

S. No. 2
OM-2.43
5-17-39
PI X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30465**
8476
Registrar's No. _____

FILED OCT 2 - 1943
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County... **St. Louis, Missouri**
(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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **0**
(Specify whether
In this community... _____
years, months or days)

3. (a) PRINT FULL NAME... **William Todd**
3. (b) If veteran, name war... **None**
3. (c) Social Security No... **Child**

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

6. (b) Name of husband or wife... **Child**
6. (c) Age of husband or wife if alive... _____ years
7. Birth date of deceased... **September 22, 1932**
(Month) (Day) (Year)

8. AGE:
Years: **11** Months: **0** Days: **2**
If less than one day _____ hr. _____ min.

9. Birthplace... **Downing Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Child**

11. Industry or business... _____

MOTHER FATHER
{ 12. Name... **Lee George Todd**
{ 13. Birthplace... **Downing Missouri**
(City, town, or county) (State or foreign country)
{ 14. Maiden name... **Grace Bruner**
{ 15. Birthplace... **Downing Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant... **George Todd**
(b) Address... **2274 Yale Ave.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof... **9/24/43**
(Month) (Day) (Year)
(c) Place: burial or cremation... **Downing, Missouri**

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

19. (a) **SEP 24 1943** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State... **Missouri** (b) County... **St. Louis**
(c) City or town... **Maplewood**
(If outside city or town limits, write "RURAL")
(d) Street No... _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country... **1**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **24**
year **1943** hour **10** minute **A** 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... **General Peritonitis following Ruptured bowel when the bicyclist was riding street a short distance from his bicycle in Maplewood Mo. about 9:00 PM Sept. 21, 1943**

PHYSICIAN
Major findings:
Of operations... **171**
Of autopsy... _____

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide (specify)... **Accident**
(b) Date of occurrence... **Sept. 21, 1943**
(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? _____ (Specify type of place)
(e) Means of injury... **Bicycle**
23. Signature... **Alfred J. Perry** (M. D. or other)
Deputy Coroner
Address... _____ Date signed... **9/24/43**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

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.