209
U. S. No. 2
00M—2-43
Rev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11420

**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, Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or days) 5

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000 11

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2511 So. 3rd St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Charles Mory

3. (b) If veteran, name war NONE

3. (c) Social Security No. 489-14-5354

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY MORY

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased AUG. (Month) 16TH (Day) 1866 (Year)

8. AGE: Years 77 Months 4 Days 3 If less than one day hr. min.

9. Birthplace BERNE (City, town, or county) SWITZERLAND 5 (State or foreign country)

10. Usual occupation ENGINER

11. Industry or business RIDDLE CASKET Co.

FATHER
12. Name SAMUEL MORY
13. Birthplace SWITZERLAND 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BERTHA CLENNAN
15. Birthplace SWITZERLAND 5 (City, town, or county) (State or foreign country)

16. (a) Informant MARY MORY
(b) Address 2511 So. 3rd ST.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 12-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director KRIEGSHAUSER MORTUARIES
(b) Address 4228 So. KINGSHIGHWAY BLVD.

19. (a) DEC 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 19. year 1943 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from December 15, 1943 to December 19, 1943; that I last saw him alive on December 19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 100

Major findings:
Of operations

Of autopsy Refused

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 0

Signature Frank Steinberg (M.D. or other) M.D.

Address 1515 Lafayette Ave. Date signed 12/20/43

(Licensed Embalmer's Statement on Reverse Side)

## 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. Edwin N. McNermott

Licensed Embalmer No. 3024

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.**