

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5918
Registrar's No. 1338

Registration District No. Primary Registration District No.

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:
City Hosp #10
(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 St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Unknown White Male
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 10
year 1944 hour 10 minute 55 P.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.

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced unk
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife, if alive..... years
7. Birth date of deceased abt 1879
(Month) (Day) (Year)

Immediate cause of death:
Chronic Coronary Heart Disease
Due to.....
Due to.....

8. AGE: Years 65 Months Days If less than one day
hr. min.

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace unknown
(City, town, or county) (State or foreign country)
10. Usual occupation unknown
11. Industry or business unknown
12. Name unknown
13. Birthplace unknown
(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 James J. Ferguson
(b) Address 1300 Clark
17. (a) BURIAL (b) Date thereof 2-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation COTTES FIELD
18. (a) Signature of funeral director PEETZ BROS
(b) Address 222 Lafayette St
19. (a) FEB 11 1944
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury.....
23. Signature Alfred Perry (M. D. or other)
Address 1000 Brown Date signed 2/11/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

3

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.....

.....
working under my personal supervision.

Registered Apprentice No. *[Signature]*

Signed *[Signature]*

Licensed Embalmer No. *2145*

P. O. Address *St. Louis, Mo.*

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.