

No. 2  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 87

FILED MAR 3 1944  
4/7

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days  
(Specify whether years, months or days)

In this community 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")

(d) Street No. 711 S. Kirkwood Road  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Riehl

3. (b) If veteran, name war. DK.

3. (c) Social Security No. DK.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Jan. 2 1856  
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pittsburg, Pa. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name DK

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

14. Maiden name DK

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

16. (a) Informant Record, State Hosp

(b) Address Fulton Mo.

17. (a) Recorded (b) Date thereof. 2 28-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARCUS CEM.

18. (a) Signature of funeral director Louis N. Bopp, Inc.

(b) Address 121 W. Angas Ave. Kirkwood Mo.

19. (a) 2-28-1944 (b) Josie M. Moseley  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1944 hour 10:15 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-28 1944 to 2-26 1944

that I last saw h. \_\_\_\_\_ alive on 2-26 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Arterio Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 93d

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature J. E. Starnell (M. D. or other) \_\_\_\_\_

Address Fulton Mo Date signed 4/7

(Licensed Embalmer's Statement on Reverse Side)

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

72  
184

MAR 3 1944

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.....  
*Van M. Lyman*

Licensed Embalmer No. *4343*  
*7415 3rd Ave. Pl.*  
P. O. Address *Maplewood, N.J.*

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.