

19168

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 29 1944

Primary Registration District No. 4466

Registrar's No. 1143

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4315 Lennox 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 35 YEARS

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4315 Lennox Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Nora A. Soutar

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 1943 to May 18 1944
that I last saw her alive on May 17 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Soutar 6. (c) Age of husband or wife if alive 1876 years

7. Birth date of deceased November 23 (Month) (Day) (Year)

Immediate cause of death: Coronary Artery Disease

Diagnosis: Generalized Arterio Sclerosis

Due to _____

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

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

67	5	25	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

Major findings: Of operations Crown

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Leon Huggin

13. Birthplace Unknown FRANCE
(City, town, or county) (State or foreign country)

14. Maiden name MARY WIEHLER

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

16. (a) Informant George L. Soutar

(b) Address 4315 Lennox Shrewsbury, Mo

17. (a) Burial (b) Date thereof 5-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cen.

18. (a) Signature of funeral director Mittelberg Fun. Home

(b) MAY 26 1944 Groves & Kirkwood Mo

19. (a) (Date received local registrar) (b) E. G. McHarran, M.D. (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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? _____

23. Signature John Soutar (Specify type of injury) _____
Address 1648 Oakview (M. D. or other) MD
Date signed 5/19

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

JUN 2 1944

JUN 22 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 *John M. Meyer*.....

Licensed Embalmer No. *3288*.....

P. O. Address *Wickwood (33) Mea*.....

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.