V. S. No. 2
OM—8-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26149

Registrar's No. 7271

Registration District No. 318 FILED SEP 8 1944

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 924
(If outside city or town limits, write "RURAL")

(d) Street No. 2633a Chippewa Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mr. Joseph Compton

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

3. (c) Social Security No. 489-10-1341

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Edna Koen-Dixon Compton

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September (Month) 5, (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	11	16	hr. min.

9. Birthplace Palmer, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Moulder

11. Industry or business Busch-Sulzer Diesel Engine

FATHER
12. Name Steve Compton
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Martha Hillan
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Edna Compton
(b) Address 2633a Chippewa

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) AUG 22 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21
year 44 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from 5/1/44, 19__, to 8/21/44, 19__;
that I last saw him alive on 8/20/44, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Terminal Bronchial — Duration: days

Due to Myocarditis, Decompensation — Duration: days

Due to Hypertensive Cardiovascular Renal syndrome — Duration: ??

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

Major findings:
Of operations 131

Of autopsy

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

23. Signature C. C. Kienzle (M. D. or other) MD
Address 3805 S. Broadway Date signed 8/24/44

(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 G W Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.