

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1944

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7735**

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 0 (Specify whether years, months or days)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1904 Hodiament Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Dorothy Fair

3. (b) If veteran, name war. None

3. (c) Social Security No. 495-23-835

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife. Ernest E. Fair

6. (c) Age of husband or wife if alive. 45 years

7. Birth date of deceased. March 8, 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>5</u>	<u>27</u>	hr. min.

9. Birthplace. Beardstown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation. Machine Operator

11. Industry or business. Wells-Rgn Cartrage Co.

12. Name. Henry Starns

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

14. Maiden name. Maria

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

16. (a) Informant. Ernest E. Fair

(b) Address. 1904 Hodiament Avenue

17. (a) Burial (b) Date thereof. Sep 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Peters Cemetery

18. (a) Signature of funeral director. Shepard Funeral Home

(b) Address. 7167 Hamilton Avenue.

19. (a) 7/19/44 (b) J. F. Redick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5, 1944
year..... hour 10:25 minute P M.

21. I hereby certify that I attended the deceased from 9/3/44
Sept 5, 1944, to Sept 5, 1944
that I last saw per alive on Sept 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. Endocarditis (suppurated)
Chr. Myocarditis
Acute dilatation heart

Due to.....
Chr. nephritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....none
Of autopsy.....none

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?
no

While at work?.....
(Specify type of place) Means of injury.....

23. Signature Dr. M. Shane (M.D. or other) MD
Address: 615 S. Parkview St. St. Louis Date signed 9/7/44

Duration
5 hr
5 hrs.

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

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

AN Meshana

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 W. Gironoski
Licensed Embalmer No. 3398
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.