V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31833

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 1973

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

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Webster Grovesm Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
442 Southside Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 442 Southside 4
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Gertrude Storie
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Raymond Storie
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased June (Month) 1 (Day) 1922 (Year)

8. AGE: Years 22 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Modoc Illinois (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Willian Brown
13. Birthplace Modoc Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emme Woods
15. Birthplace Spanke Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Charles Lee Storie
(b) Address 142 Queen St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director
(b) Address
19. (a) SEP 25 1944 (Date received local registrar) (b) C. G. McGarvey, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21 year 1944 hour 8:50 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Natural causes.
Due to Acute purulent lepto-meningitis (meningococcus)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes.

Duration

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
Signature Coroner (Title or other)
Address Clayton, Mo. 9-23-44 Date signed

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 19

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 Kirkwood (22) 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.