S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35790

State File No.

FILED DEC 5 1944

Registration District No. 818 Primary Registration District No. 10 Registrar's No. 9980

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: 5812 Easton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 5812 Easton (If rural, give location) 6

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

If yes, name country

3. (a) PRINT FULL NAME Versa A. Desmond

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex female 1

5. Color or race W.

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

6. (b) Name of husband or wife William Desmond

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept (Month) 10 (Day) 1888 (Year)

8. AGE: Years 56 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Marion (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Claiborne Cash
13. Birthplace (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name Addie Smith
15. Birthplace (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant William Desmond

(b) Address 5812 Easton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Guy Mullen

(b) Address 5041 Delmar

19. (a) NOV 24 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 21 year 1944 hour minute 1:30 P. M.

21. I hereby certify that I attended the deceased from April 1944 Nov, 1944 to , 19 ; that I last saw her alive on Nov 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Degenerative Heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

23. Signature Rev Le Blanc (M. D. or other) none

Address 3500 W. Grand Date signed 11-

(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 Howard H. Rowland

Licensed Embalmer No. 3114

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.