S. No. 2
I—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36417

Primary Registration District No. 1003

Registrar's No. 10485

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
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. 112½ N. 6th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jernson P. Skouby

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Skouby

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

7. Birth date of deceased July (Month) 1 (Day) 1906 (Year)

8. AGE: Years 38 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation Factory Worker

11. Industry or business

FATHER
12. Name Hans P. Skouby
13. Birthplace High Gate (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Frances Davis
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Albert Gudermuth
(b) Address 5980a Hamilton Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bland, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 8 1944 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1944 hour 7:30 minute A. M.

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

Immediate cause of death — Duration
Pulmonary Tuberculosis
Due to
13 hr
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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 Alfred J. Gerry D.O. (M. D. or other)
Address Deputy Coroner Date signed 12-8-44

(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 Albert E. Hoppe

Licensed Embalmer No. 2971

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.