

#36160

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39259

State File No.

S. No. 2
M-2-43
7-5-17-39

-1 X3587

FILED DEC 27 1944 318

Primary Registration District No.

1003

Registrar's No.

10589

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 4 days
 (Specify whether
 In this community..... 0
 years, months or days)

3. (a) PRINT FULL NAME..... Edward Custer

3. (b) If veteran, name war..... None
 3. (c) Social Security No..... 489-01-0573

4. Sex..... Male 5. Color or race..... White
 6. (a) Single, widowed, married, divorced, widowed..... Widowed

6. (b) Name of husband or wife..... May
 6. (c) Age of husband or wife if alive..... 20 years
 18330 (Day) (Year)

7. Birth date of deceased..... Maych
 (Month) (Day) (Year)

8. AGE: Years..... 64 Months..... 8 Days..... 19
 If less than one day
 hr. min.

9. Birthplace..... Franklin Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation..... Porter
Jefferson Hotel

11. Industry or business.....

12. Name..... Frank Custer

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Mrs. Eva Fabry

(b) Address..... 8311 E. S. Broadway

17. (a) Burial (b) Date thereof..... Dec. 12, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
St. Trinity Cem.

(c) Place: burial or cremation..... C. Hoffmeister U. & L. L.

18. (a) Signature of funeral director..... 7814 S. Broadway

(b) Address.....

19. (a) DEC 12 1944 (b) J. F. Brueck
 (Date received local registrar) (Registrar's signature)

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. 8311 E. S. Broadway
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. day..... 9th
 year..... 1944 hour..... 5:20 minute..... P. M.

21. I hereby certify that I attended the deceased from..... 12/5/44
 19..... to..... Dec. 9th 19..... 44
 that I last saw h..... im alive on..... Dec. 9th 19..... 44
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerosis
Heart disease

Due to.....

Due to.....

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

Major findings:
 Of operations..... none

Of autopsy..... Refused

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?

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

23. Signature..... J. F. Brueck

Address..... 1515 Lafayette Date signed..... 12/11/44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Harry J. Schumacher*
Licensed Embalmer No. 2679
P. O. Address 732 Fenway Street

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.