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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1945
 Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 2811

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis - R. H.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 da.
(Specify whether years, months or days)

In this community 2 da.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME David Glennon Filer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race wh

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 3 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 10mo. Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Medford Filer

13. Birthplace Washburn Hill Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edith Pappin

15. Birthplace French Village Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Medford Filer

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof Jan 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City Mo.

18. (a) Signature of funeral director Geoffrey R. Polette

(b) Address Crystal City, Missouri

19. (a) JAN 17 1945 (b) E. J. Malvern
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Crystal City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 405 Taylor Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
 year 1945 hour 4 minute 32 P.M.

21. I hereby certify that I attended the deceased from January 11
 1945, to January 12 1945
 that I last saw him alive on January 12 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure
Bronchopneumonia
Pneumococcal meningitis type 18
Pericardial Congenital Heart Disease
Peritonitis - acute

Duration 1 da.
4 da.
2 da.
Similar
1 da.

Due to Organism - Pneumococcus

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

Major findings: 816

Of operations _____

Of autopsy Meningitis, Anemia, Acute Cardiac Failure, Peritonitis

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? _____

While at work? _____
(Specify type of place)

(c) Means of injury ⊙

23. Signature J. L. Bennett, M.D.
 Address 6420 Clayton Rd. Date signed 1/12/45

FEB 26 1945

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 *Geethy R. Politta*

Licensed Embalmer No. 3481

P. O. Address Crystal City, m

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.