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

#15066

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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. 3077

FILED APR 23 1945
818

Registration District No. Primary Registration District No. 1002 Registrar's No.

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 #1. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 0 11
(d) Street No. 4211 North
Ozama Shell 3000 Montgomey
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse Way

MEDICAL CERTIFICATION

3. (b) If veteran, name war No 3. (c) Social Security No. none

20. DATE OF DEATH: Month April day 3rd
year 1945 hour 10:10 minute A. M.

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

21. I hereby certify that I attended the deceased from 3/29/45
19... to 4/3/45 19...
that I last saw him alive on 4/3/45 19...
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife widowed 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 20 1859
(Month) (Day) (Year)

Immediate cause of death Generalized Atherosclerosis

8. AGE: Years 85 Months 9 Days 13
If less than one day _____ hr. _____ min.

Duration _____

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

Due to _____
Due to _____

10. Usual occupation Labourer

Other conditions (Include pregnancy within 3 months of death) 97

11. Industry or business _____

Major findings: Of operations _____

12. Name John Way

Of autopsy same

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

14. Maiden name Mary Baker

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

16. (a) Informant Rose Beckman

(b) Address St. Louis

17. (a) Removed (b) Date thereof 4-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 4445 Pacific, Mo.

18. (a) Signature of funeral director J. J. Bredeh
(b) Address St. Louis, Mo.

19. (a) APR 6 1945 (b) J. J. Bredeh
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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? _____

23. Signature James [Signature] (Specify type of place) (a) Means of injury _____
Address 1515 Lafayette Date signed 4/4/45

3008

3008

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 *James G. Thielen*
Licensed Embalmer No. *3008*
P.O. Address *Pacific 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.