

S. No. 2
M-5-43
v. 5-17-39
I X36671

#12285
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35269**
Registrar's No. **10083**

FILED NOV 29 1945
318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **21 days**
(Specify whether
 In this community..... **50 years**
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. **4307 Strodtmann Place**
Memorial
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **DENNIS FORD**

3. (b) If veteran,..... **None**
name war

3. (c) Social Security.....
No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19th**
 year **1945** hour **6:10** minute **P.** M.
21. I hereby certify that I attended the deceased from **11/19/45**
 to **10/30/45**
 that I last saw h **im** alive on **11/19/45**
 and that death occurred on the date and hour stated above.

4. Sex..... **Male** **0**
race..... **White**

5. Color or..... **White**
race

6. (a) Single, widowed, married,..... **2 divorced Widower**
(b) Name of husband or wife..... **Virginia (nee Klingbeil) Deceased**
6. (c) Age of husband or wife if
7. Birth date of deceased..... **Dec. 19, 1866**
(Month) (Day) (Year)

Immediate cause of death..... **Carcinoma of Stomach with secondary metastasis to liver**

Due to.....

Due to.....

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

Major findings:
 Of operations.....

Of autopsy..... **above**

8. AGE:

Years	Months	Days	If less than one day
78	71	0 hr. min.

9. Birthplace..... **Ireland** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Box Maker**

11. Industry or business.....

12. Name..... **Not Known**

13. Birthplace..... **Ireland** **4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Not Known**

15. Birthplace..... **Ireland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Louise C. Langanke**

(b) Address..... **4307 Strodtmann Place**

17. (a) Burial..... **Calvary Cemetery**
(Burial, cremation, or removal) (b) Date thereof..... **11/23/45**
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... **Math. Hermann & Son**

(b) Address..... **2161 East Fair Avenue**

19. (a) NOV 21 1945..... **J. J. Brudeck**
(Date received local registrar) (Registrar's signature)

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?

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

23. Signature..... **W. J. Hamilton** (M. D. or other) **md**

Address..... **City Hospital** **Date signed**..... **11/20/45**

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: *William G. Buckholz*

Licensed Embalmer No. *21100*

P. O. Address *St. Louis, 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.