

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

50101
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39034

FILED JAN 5 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 11250

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

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-Max O. Starkloff
(If not in hospital or institution, write street number or location) Memorial
 (d) Length of stay: In hospital or institution. 1 mo-13 days
(Specify whether
 In this community..... 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 020
 (c) City or town..... St. Louis 2417
(If outside city or town limits, write "RURAL")
 (d) Street No. 3501 a Iowa
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME..... LAURA COOK
 3. (b) If veteran, name war..... no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
 year..... 1945 hour..... 1:30 minute..... A M.
 21. I hereby certify that I attended the deceased from 11/8/45
 _____, 19____, to 12/21/45, 19____;
 that I last saw her alive on 12/21/45, 19____;
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife..... Louis
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... July 22, 1856
(Month) (Day) (Year)

Immediate cause of death..... Generalized arteriosclerosis
 Duration.....
 Due to.....
 Due to..... 97
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
89 4 29 hr min.

9. Birthplace..... Jonesboro, Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... self

12. Name..... Samuel Bradley
 13. Birthplace..... France
(City, town, or county) (State or foreign country)

14. Maiden name..... Don't know
 15. Birthplace..... 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Helen Turner
 (b) Address..... 3501 a Iowa

17. (a) Burial (b) Date thereof..... 12/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New St. Margarets

18. (a) Signature of funeral director..... Joseph A. Howard
 (b) Address..... 1619 St. Grand

19. (a) DEC 23 1945 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations.....
 Of autopsy.....

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) (Cause of injury)
 23. Signature..... Herbert C. July 12/21/45
(City or town) (Day) (Month) (Year) (Other)
 Address..... Date signed.....

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.....

.....
working under my personal supervision.

Signed..... Registered Apprentice No.....

John Agonoshki
Licensed Embalmer No. *3398*
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.