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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

754

**FILED** JAN 21 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **182**

**1. PLACE OF DEATH:**

(a) County.....  
 (b) City or town..... **Saint Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4359 Taft Ave. /**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Missouri.** (b) County.....  
 (c) City or town..... **Saint Louis,**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **4359 Taft Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

009  
1517  
9  
0

3. (a) PRINT FULL NAME..... **Joseph J. Outley.**

3. (b) If veteran, name war..... 3. (c) Social Security No. **491-12-9146**

4. Sex **Male** ( ) 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widowed.**  
 6. (b) Name of husband or wife..... **Minnie C. Outley**  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... **June 16 1861.**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>84</b>	<b>6</b>	<b>20</b>	hr. .... min.

9. Birthplace..... **Saint Louis Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired.**

11. Industry or business..... **Clerk Schroeter Coal Co.**

MOTHER FATHER

12. Name..... **John Outley**  
 13. Birthplace..... **Unknown** **9**  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... **Unknown**  
 15. Birthplace..... **Unknown** **0**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Joseph S. Outley**  
 (b) Address..... **3823 Sulphur Ave.**

17. (a) **Burial** (b) Date thereof **Jan. 8, 1946.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Bellefontaine Cemetery.**

18. (a) Signature of funeral director..... **Ziegenheim Bros.**  
 (b) Address..... **6409 Gravois Ave.**

19. (a) **JAN 7 1946** (b) **J. Stueder**  
(Date received local reporting) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **January** day **6th,**  
 year **1946.** hour **12** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **December 21/24** 1945 to **January 5** 1946  
 that I last saw him alive on **Jan. 5** 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic myocarditis**  
 Duration

Due to..... **131**  
 Due to..... **Chr. interstitial nephritis.**

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

Major findings:  
 Of operations.....

Of autopsy.....

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)  
 Means of injury.....

23. Signature..... **Geo H. Mathae** (M. D. or other)  
 Address..... **31675 Grand.** Date signed **1/7/46.**

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

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**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..... *Homer W. Fritz* .....

Licensed Embalmer No. *38820* .....

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.**