S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29425

FILED SEP 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8302

WRITE PLAINLY—USING 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: Missouri Baptist Hospital 0
(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 St. Louis 96

(c) City or town Pine Lawn 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3806 Jennings Road 0
(If rural, give location)

NR

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME John C. Record

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Record

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October (Month) 20 (Day) 1884 (Year)

8. AGE: Years 62 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Anthonys Mill (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Miner

11. Industry or business

FATHER
12. Name Unknown Record
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Martha Isgries
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Bessie Watkins
(b) Address 3806 Jennings Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) AUG 31 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 29
year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 14, 1946, to Aug 29, 1947
that I last saw him alive on Aug 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder, Urinary 2 or 3 yrs

Due to

Due to 52

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. C. Bryant (M. D. or other)

Address 968 Arcade Bldg Date signed Aug 30 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1941

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 Ernest W. Spillar

Licensed Embalmer No. 1080

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.