

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REG'D AUG 11 1939

791
1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital. # / /
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Barbara Storm 365

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife George L. Storm 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 19 1868
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Chenaweth

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

MOTHER FATHER { 14. Maiden name Unknown

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

16. (a) Informant's own signature Ada Weir

(b) Address 4157 s. Marine

17. (a) Burial (b) Date thereof July 31 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Richard H. Harris

(b) Address 1905 Union Blvd.

19. (a) JUL 31 1939 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2513 MarEuclid
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28
year 39 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Memor. base into left Pleural Cavity of lungs with rupture when struck by pipe without fracture proven by x-ray without fracture at intercostal space of 4th rib level. Died Oliver St. about 12:10 AM July 26 1939

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

Major findings: 210 W
Of operations _____

Of autopsy See above 21

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) Accident

(b) Date of occurrence July 26 1939

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? No Means of injury Auto

23. Signature Clayton Perry (M. D. or other) _____
Address St. Louis Missouri Date signed 7/31/39

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

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, above space should be left blank.