

WRITE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27759

7259

Registration District No.

791
1003

Primary Registration District No.

Registrar's 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: Central Hospital
(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 St. Louis [35]
(If outside city or town limits, write "RURAL")
(d) Street No. 1400 N. 9th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 yrs. years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Louis Brown 650
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month August day 21
year 1939 hour 9:30 A. M. minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3 1939
1939 to Aug 31 1939
that I last saw him alive on Aug 31 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
about 65 hr. min.

Immediate cause of death Pulmonary edema
Cardiac Myocarditis
Due to Carcinoma of Bladder
metastasis ? 16 months
Duration 1 wk
?? (Yes)

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

Due to _____
Other conditions 51
(include pregnancy within 3 months of death)

10. Usual occupation Merchant
11. Industry or business Liquor
12. Name Unknown
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Poland
(City, town, or county) (State or foreign country)

Major findings: Ca of Bladder
Of operations Urinary
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Joe Brown
(b) Address 743 Heman Ave.

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? _____

17. (a) Burial (b) Date thereof Aug. 22-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Beth Hamedreth Agodol
18. (a) Signature of funeral director Herman Rindshyff
(b) Address 5216 Delmar Blvd.
AUG 21 1939
19. (a) _____ (b) J. F. Radtke
(Date received local registrar) (Signature of registrar)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Oliver E. Kelly (M. D. or other)
Address 614 Meadori Theater Date signed 9-21-39

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 *Chas. Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *5216 Delmar*.....

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.