

28021

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

7521

REC'D SEP 14 1939

791

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Infirmary.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6-24-37
 (Specify whether
 In this community Unknown
 years, months or days)

3. (a) PRINT FULL NAME 526 Ernest Canger3. (b) If veteran, name war Unknown3. (c) Social Security No. Unknown4 Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 82 (about) Months _____ Days _____ If less than one day _____ hr. _____ min.9. Birthplace Unknown (City, town, or county) (State or foreign country)10. Usual occupation No Occupation

11. Industry or business _____

12. Name unknown13. Birthplace Unknown (City, town, or county) (State or foreign country)14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)16. (a) Informant's own signature E. Molony(b) Address 5810 Arsenal St.17. (a) _____ (b) Date thereof 8-30-39 (Month) (Day) (Year)(c) Place: burial or cremation Washington18. (a) Signature of funeral director W.R. White(b) Address 3800 Curtis19. (a) AUG 31 1939 (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis Co.
 (c) City or town St. Louis, Mo. 173
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5800 Arsenal St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27, year 1939. hour 11:20 minute _____ A. M.21. I hereby certify that I attended the deceased from June 24, 1937 to August 27, 1939, that I last saw him alive on August 27, 11:20 a.m. and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis Duration _____Due to Atherosclerosis
Renal Arteriosclerosis

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)Address 5800 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39
1 x19511

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.

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.....

Licensed Embalmer No.....

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.