

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** MISSOURI STATE BOARD OF HEALTH **STANDARD CERTIFICATE OF DEATH**

State File No. **31214**
Registrar's No. **8277**

Registration District No. **1008** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County 1
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Firmin Desloge, 1325 S. Grand
(d) Length of stay: In hospital or institution 7 days.
In this community 17 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis.
(d) Street No. 4023 Washington.
(e) If foreign born, how long in U. S. A. Life years.

3. (a) PRINT FULL NAME Walter U. England 524
(b) If veteran, name war No. (c) Social Security No. 270

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 24 year 39 hour 3:25 minute _____ M. _____
21. I hereby certify that I attended the deceased from _____ 1939 to _____ 1939
that I last saw him alive on 2:30 PM 9/24 and that death occurred on the date and hour stated above, _____ 1939

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lavina Emmaline-England 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb. 25 1871

Immediate cause of death Cardiac Failure
Myemia
Due to Reticular cell Sarcoma Spleen
Due to Portia or leukemia
Other conditions _____
Major findings: Not reported
Of operations _____
Of autopsy As stated above

8. AGE: Years 68 Months 7 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Steelville Mo.

10. Usual occupation Retired Clerk

11. Industry or business Grocery

MOTHER FATHER { 12. Name Frank England

13. Birthplace Tenn.

14. Maiden name Anges Self

15. Birthplace Steelville Mo.

16. (a) Informant's own signature Glesson A. England

(b) Address 4023 Washington Blvd

17. (a) Burial (b) Date thereof Sept 27 1939

(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Allan Anderson

(b) Address 6175 Delmar

19. (a) SEP 27 1939 (b) _____

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 9/24/39
(c) Where did injury occur? _____
(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 _____

28. Signature Uencer W. Heller (M. D. or other) _____
Address _____ Date signed 9/26/39

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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 jos. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Pelmar

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.