

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  
1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33446  
Registrar's No. 1658

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County \_\_\_\_\_  
(c) City or town East St. Louis  
(d) Street No. 4404 State St.  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINTED FULL NAME Gertrude Sarah Distler  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 21, 1890.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 7 26 hr. \_\_\_\_\_ min.

9. Birthplace O'Fallon Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name James J. Distler  
13. Birthplace O'Fallon Illinois.  
14. Maiden name Caroline Mertens  
15. Birthplace Summerfield Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James J. Distler  
(b) Address O'Fallon Illinois.  
17. (a) Removal (b) Date thereof 9/20/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Belleville Ill

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd  
19. (a) SEP 18 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 17 1939  
year 1939 hour 6 minute P 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 Automobile accident. While riding as a passenger in a private automobile on a public highway.  
Due to \_\_\_\_\_

Due to Cerebral hemorrhage, due to concussion.  
Other conditions Fracture R. 2nd. Rib  
(include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Sept 17, 1939  
(c) Where did injury occur? St. Louis County, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
While at work? no (Specify type of place) Collision  
(e) Means of injury  
23. Signature John J. Smith (M. D. or other)  
Coroner of St. Louis County, Mo. 9/18  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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.....

*J. S. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington Blvd*

**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.**