

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 33913Registration District No. 1000

Primary Registration District No. \_\_\_\_\_

Registrar's No. 8451

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Ches and Vector  
 (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

## 3. (a) PRINT FULL NAME

Unknown Female

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female5. Color or race White6. (a) Single, widowed, married, divorced me

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased September 20/39  
 (Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

hr.

min.

## 9. Birthplace

apparently St. Louis  
(City, town, or county)Mo.  
(State or foreign country)

## 10. Usual occupation

me

## 11. Industry or business

## 12. Name

Unknown

## 13. Birthplace

"  
(City, town, or county)"  
(State or foreign country)

## 14. Maiden name

""

## 15. Birthplace

"  
(City, town, or county)"  
(State or foreign country)

## 16. (a) Informant's own signature

St. M. Quisenberry

## (b) Address

Deputy Coroner 28/39

## 17. (a)

(b) Date thereof

28/39  
(Month) (Day) (Year)

## (c) Place: burial or cremation

St. Louis, Mo.

## 18. (a) Signature of funeral director

W. R. Risher

## (b) Address

3000 Rutger

## 19. (a)

001 3-1939  
(Date received local registrar)W. R. Risher  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County St. Louis  
 (c) City or town St. Louis  XX  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Unknown  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20  
 year 1939 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death apparently  
St. Louis, Mo. Cause Unknown  
 Duration \_\_\_\_\_

Body was found dead  
and badly decomposed  
in a sewer at  
Ches and Vector in St. Louis

Other conditions see 1939 at address  
 (Include diagnosis within 3 months of death)

Major findings: Cause and Mechanism  
 Of operations could not be determined  
 Of autopsy could not be determined

## 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 St. M. Quisenberry  
 Address Deputy Coroner

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.

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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.....

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.**