

34475

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 791

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

Registrar's No. 9013

1. PLACE OF DEATH: 1608

(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: 5866 Delor  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 years  
(Specify whether year, months or days)

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5866 Delor St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

14

3. (a) PRINT FULL NAME John Pullis Vail 400

3. (b) If veteran, name war none

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21  
year 1939 hour 2 minute 30 P. M.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Clara Sommers

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

7. Birth date of deceased July 25 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/17  
28 Oct 21 1939, to Oct 21 1939; that I last saw him alive on Oct 21 1939; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>26</u>	hr. _____ min.

Immediate cause of death Thrombosis coronary

Due to Chr myo corditis

Duration 2 hr

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

10. Usual occupation General Manager

Due to \_\_\_\_\_

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

11. Industry or business Newspaper

12. Name unknown

13. 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)

Major findings: [Signature]

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant's own signature Howard K. Vail

(b) Address 5866 Delor

17. (a) Burial (b) Date thereof Oct. 24, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial

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? \_\_\_\_\_

18. (a) Signature of funeral director John Zuganhem

(b) Address 7027 Gravois Ave

19. (a) OCT 23 1939 (b) J.P. Brudick  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature A M Frank (M. D. or other) \_\_\_\_\_

Address 7651 Brandegee Date signed 10/22/39

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

FORM 5-17-39 Rev. 5-17-39

---

---

**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..... *G. P. Kidwell* .....

Licensed Embalmer No..... *3877* .....

P. O. Address..... *6937<sup>a</sup> Hawaii* .....

**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.**