

791 STANDARD CERTIFICATE OF DEATH

34727

State File No.

Registration District No. 1003

Primary Registration District No.

Registrar's No. 9265

1. PLACE OF DEATH:

(a) County St Louis mo
(b) City or town St Louis mo
(c) Name of hospital or institution: City Hospital 1
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis [21]
(d) Street No. 2207 Chestnut
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Edward Williams 452

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 8. (c) Age of husband or wife if alive _____ years

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

8. AGE: 62 years Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Unknown

18. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. F. Brebeck

(b) Address 4453 W. 22nd

17. (a) Removed (b) Date thereof Oct 30, 1939
(c) Place, house or apartment St. Louis, Mo.

18. (a) Signature of funeral director Joseph M. Quinn

(b) Address _____

19. (a) OCT 30 1939 (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
year 1939 hour 12 minute 50 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 Fracture of Skull
Due to Global Pneumonia

Due to Time-course - Place and manner come

Other conditions not to be determined

Major findings: Of operations _____

Of autopsy Open Verdict

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence Unknown

(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 Joseph M. Quinn (M.D. or other) _____

Address Deputy Coroner

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.

U.S. GPO: 1931

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 _____

myself

Registered Apprentice No. _____

working under my personal supervision.

Signed *Raymond E. Gehike*

Licensed Embalmer No. *3985*

City license # 1801

P. O. Address *St. Louis, Mo*

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.