

Rev. 5-17-39
U. S. G. P. 161931

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.

Registration District No. 207 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County 1003
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(d) Length of stay: In hospital or institution 25 Days
In this community X years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County X
(c) City or town St. Louis
(d) Street No. 307 Rutger
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME William Skiles
3. (b) If veteran, name war X
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September, day 24, year 1939 hour 9:40 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years

21. I hereby certify that I attended the deceased from August 31, 1939 to September 24, 1939 that I last saw him alive on September 24, 1939 and that death occurred on the date and hour stated above.

7. Birth date of deceased August 2, 1978
8. AGE: Years 61 Months 1 Days 22 If less than one day hr. min.

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____

9. Birthplace Penna.
10. Usual occupation W P A
11. Industry or business X
12. Name William Skiles
13. Birthplace Penna.
14. Maiden name Mary Fisher
15. Birthplace Penna.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Ann Morrison
(b) Address City Hospital, #1
17. (a) _____ (b) Date thereof 10-4-39
(c) Place: burial or cremation St. Louis
18. (a) Signature of funeral director W. R. Ricketts
(b) Address 3500 Rutger
19. (a) _____ (b) J. F. Bredich

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature Leon M. Jule (M. D. or other) _____
Address 1515 Lafayette Date 9/25/39

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.....

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.