

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **4321**Registration District No. **791**Primary Registration District No. **1003**Registrar's No. **1151**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri *1840*
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 Days
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Lawrence File8. (b) If veteran, name war None 8. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Viola 6. (c) Age of husband or wife if alive 35 years7. Birth date of deceased April 3, 1904
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
35 9 29 hr. mlf.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer Unemployed

11. Industry or business

12. Name Daniel File13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name Milda Grossenbacher15. Birthplace Illinois
(City, town, or county) (State or foreign country)16. (a) Informant Milda File(b) Address 3103 N. Market17. (a) Burial (b) Date thereof 2/6/40
(Burial, cremation, or removal) (Month) (Day) (Year)
Lake Charles

(c) Place: burial or cremation

18. (a) Signature of funeral director Edith E. Ambruster(b) Address 4234 Manchester19. (a) FEB 5 1940 (b) J. B. Brubaker
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (If outside city or town limits, write "RURAL")
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3103 N. Market
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2,
year 1940 hour 8:30 minute R. M.21. I hereby certify that I attended the deceased from January 17, 1940 to February 2, 1940that I last saw him alive on February 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 J. B. Brubaker (M. D. or other) _____
Address 1515 Lafayette, Date signed 2/3/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.