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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8682
Registrar's No. 2165

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town _____
(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 21 Days
Unknown (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Millard Deweese

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

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

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

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

8. AGE: Years abt 72 Months _____ Days _____ If less than one day
hr. _____ min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address City Hospital, #1

17. (a) _____ (b) Date thereof 2-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Roberts
(b) Address 2500 Rutger

19. (a) MAR 4 1940 (b) J. V. Balbach
(Received by) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 221 South Second St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1,
year 1940 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from January
13, 19 40 to February 1, 19 40
that I last saw him alive on February 1, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 Geo. M. Rebe (M. D. or other) _____
Address 1515 Lafayette, Date signed 2/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.