S. No. 2
—11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16896

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4374

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis /8
(If outside city or town limits write "RURAL")

(d) Street No. 1142a So. Kingshighway Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Virgil Black 420

3. (b) If veteran, name war None

3. (c) Social Security No. 489-07-0394

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Delta Black

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Oct. (Month) 4th (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
33	7	11	hr. min.

9. Birthplace Reynolds County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Butcher 0

11. Industry or business Independent Pkng. Co. 0

FATHER
12. Name Elmer Black
13. Birthplace Reynolds County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ella Chitwood
15. Birthplace Reynolds County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Delta Black
(b) Address 1142a So. Kingshighway Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Ellington Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) MAY 16 1940 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1940 hour 4:50 minute P.M. M.

21. I hereby certify that I attended the deceased from May 8, 1940, to May 15, 1940, that I last saw him alive on May 15, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxic Adenoma (Thyrotoxicosis)	6 Months
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Adenomatous Thyroid Gland
Of autopsy None

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? (Specify type of place)
While at work? — (e) Means of injury

23. Signature John D. Hancock (M. D. or other)
Address Metropolitan Bldg Date signed 5-16-40

(Licensed Embalmer's Statement on Reverse Side)

Dr Hayward
Section 2 - X

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 Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address.....

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

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