

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

I. 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: Lutheran 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 50 years
years, months or days

8. (a) PRINT FULL NAME William N. Skinner 560

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased. Jan. 16-1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 24 hr. min.

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

10. Usual occupation Hauling

11. Industry or business Drayage

12. Name not known

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Glady's Skinner

(b) Address 4621 Quincy

17. (a) Burial (b) Date thereof Aug. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director John S. Ziegenfuss

(b) Address 7027 Gravois Ave

19. (a) AUG 8 1940 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3718 Wholozan
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6
year 1940 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 4, 1940 Aug. 6, 1940
that I last saw him alive on Aug. 16th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to Hypertension
Chronic Nephritis

Due to _____

Other conditions (include pregnancy within 3 months of death) 1/2/1

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 J. Bredeck (M. D. or other) _____
Address 2102 S. Grand St. Date signed 8-8-40

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 G. P. Kildwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grandis

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.