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33091

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

33091

Registration District No.

784

Primary Registration District No.

106

Registrar's No.

1723

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
435 N. Kirkwood Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Lucille Barritt

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 26 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 14 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Leonard LaDassor

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Louise MonCavie

15. Birthplace Philadelphia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. A. Schuck

(b) Address 435 N. Kirkwood Rd.

17. (a) Removal (b) Date thereof 9-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gillespie, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 10 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1940 hour 3 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 18
1939, to Sept 9, 1940
that I last saw her alive on Sept 9, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to 936

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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)
(f) Means of injury _____

23. Signature Royal C. McLevin (M. D. or other) M.D.

Address Kirkwood Mo. Date signed 9-10-40

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

MOTHER FATHER

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.....

Stanley H. Difore

Registered Apprentice No. *214*

working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. *1122*

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, fact should be so stated above.