

No. 2
13-40
17-39
X231E9

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33886

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8583**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4831 Terrace Ave. **2**
(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 **2**
(If outside city or town limits, write "RURAL")
(d) Street No. 4831 Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16
year 1940 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from
9/2, 1940 to 10/16, 1940
that I last saw her alive on 10/16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive disease **9/2/40**

Due to adenoma of thyroid **under**

Due to _____

Other conditions 1. nephritis chronic
(Include pregnancy within 3 months of death)
2. hypertension

Major findings _____
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mollie E. Fife

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

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

6. (b) Name of husband or wife Edwin A. Fife 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec. 45 1881
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hwk. **9**

11. Industry or business at home **9**

12. Name John Parker **1**

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

14. Maiden name Unknown

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

16. (a) Informant Edwin A. Fife

(b) Address 4831 Terrace Ave.

17. (a) Valhalla Cem. (b) Date thereof 10-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 S. Kingshighway Blvd.

19. (a) OCT 17 1940 (b) J. D. [Signature]
(Date of local registration) (Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place? None

23. While at work? None (Specify type of place) (e) Mean of injury None

Signature W. H. Burroughs (M. D., or other)

Address 4755 W. Myanford Date signed 10/17/40

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 F. 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.