

STANDARD CERTIFICATE OF DEATH

37377

State File No.

9650

Registration District No.

Primary Registration District No.

Registrar's No.

1374

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22,
year 1940 hour 6 minute 40 PM.

21. I hereby certify that I attended the deceased from
Nov. 19, 19 40 to Nov. 22, 19 40;
that I last saw her alive on Nov. 22, 19 40;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute Bacterial Endocarditis

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)
(c) Means of injury _____

23. Signature P. H. B. M. D. (M. D. or other)
Address 1515 Lafayette Date signed 11/23/40

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

3. (a) PRINT FULL NAME Dorothy Wilson

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

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

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

7. Birth date of deceased Oct 31 1920
(Month) (Day) (Year)

8. AGE: Years 20 Months 0 Days 21 If less than one day
hr. _____ min.

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

10. Usual occupation Waitress

11. Industry or business _____

12. Name Lulis Wilson

13. Birthplace Valley Park Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Miller

15. Birthplace Valley Park, M Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Flora
(b) Address Valley Park, Mo.

17. (a) Burial (b) Date thereof 11/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cen.

18. (a) Signature of funeral director J. H. B. M. D.

(b) Address Fenton, Mo.

19. (a) NOV 25 1940 (b) J. H. B. M. D.
(Date received local registrar) (Signature of registrar)

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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, fact should be so stated above.