

Registration District No. **7911**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St Louis** **3**
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Foot President Street
(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

3. (a) PRINT FULL NAME **Unknown White Male**

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

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

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

7. Birth date of deceased **abt 1890**
(Month) (Day) (Year)

8. AGE: Years **abt 50** Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **unknown** **9**

11. Industry or business **unknown** **9**

12. Name **unknown** **9**

13. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank J. White**

(b) Address **4444 Tholozen**

17. (a) **BURIAL** (b) Date (hereof) **DEC 30 1940**
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation **PATTERSFIELD**

18. (a) Signature of funeral director **TEETZBROS**

(b) Address **3029 HAFAYETTE AV**

19. (a) **DEC 28 1940** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town **St Louis** **XX**
(If outside city or town limits, write "RURAL")
(d) Street No. **unknown**
(If rural, give location)
(e) If ~~born here~~ how long in U. S. **20** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **3**
year **1940** hour **9** minute **00** A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion
with Chronic Interstitial
Myocarditis
Chronic Parenchymatous
Emphysema**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **131**

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) _____
or _____ means of injury _____

23. Signature **Alfred Perry** (M. D. or other) **3**
Address **Republic County** Date signed **12/23/40**

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

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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, above space should be left blank.