

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAR 25 1941 791

STANDARD CERTIFICATE OF DEATH

State File No. 4996
Registrar's No. 1244

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County: Saint Louis, Missouri.
(b) City or town: Saint Louis, Missouri.
(c) Name of hospital or institution: 3500 Iowa Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Saint Louis.
(c) City or town: Saint Louis.
(d) Street No.: 3500 Iowa Ave.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th, year 1941. hour 11 minute 0 A. M.
21. I hereby certify that I attended the deceased from Jan 2, 1940 to Feb 5, 1941; that I last saw him alive on Feb 5, 1941; and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME: Margaret R. Blair,

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

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

6. (b) Name of husband or wife: Robert S. Blair. 6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: June 1st, 1876 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 4 If less than one day hr. min.

9. Birthplace: Unknown England (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

12. Name: Thomas Duggan

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

14. Maiden name: Unknown

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

16. (a) Informant: Robert S. Blair

(b) Address: 3500 Iowa Ave.

17. (a) Burial (b) Date thereof: Feb. 8th, 41. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: J. F. Budrek 2627 Cherokee Street.

(b) Address: 3500 Iowa Ave. (c) Date received local registrar: 3 6 1941 (d) Registrar's signature: J. F. Budrek

Immediate cause of death: Bronchial asthma

Due to: 93a

Other conditions: Acute myocarditis cause unknown

Major findings: Of operations. Of autopsy.

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: Roland A. Koeb MD (M. D.) Address: 2430 California Ave Date signed: Feb 6, 1941

Duration: 1 mo. 2 days. PHYSICIAN: Underline the cause to which death should be charged statistically.

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 *Judith A. Ziegenstein*
Licensed Embalmer No.....

P. O. Address *2623 Colver*

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.