

FILED MAR 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8239**
Registrar's No. **2504**

Registration District No. **784** Primary Registration District No. **200**

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

1. PLACE OF DEATH: **St. Louis**
(a) County **St. Louis**
(b) City or town **Rural, Bonhomme Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **7**
years, months or days (Specify whether)

8. (a) PRINT FULL NAME **Unidentified Male**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **unkn**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unkn**
(Month) (Day) (Year)

8. AGE: Years **about 60** Months **-** Days **-** If less than one day **hr. min.**

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

10. Usual occupation _____

11. Industry or business **Unkn**

MOTHER FATHER { 12. Name **Unkn**
13. Birthplace **Unkn**
(City, town, or county) (State or foreign country)
14. Maiden name **Unkn**
15. Birthplace **Unkn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Poppy Wade**
(b) Address **Kirkwood**

17. (a) **Burial** (b) Date thereof **2-22-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Poppy Wade**
(b) Address **Kirkwood, Mo.**

19. (a) **FEB 22 1941** (b) **R. M. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County **93**
(c) City or town _____ (If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **31**
year **1940** hour **8:30** minute **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 _____
Completely decomposed
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
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) (e) Means of injury **5**
23. Signature **Dr. ...** (M. D. or other) **5**
Address **Kirkwood, Mo.** Date signed **2/21/41**

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.