

No. 2
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-17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8716

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2126

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(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 William S. Earnhart

3. (b) If veteran, name war _____ (c) Social Security No. 325-14-9288

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

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept. 3 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 1 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Miles Earnhart

13. Birthplace Rowan Co. N. Carolina (City, town, or county) (State or foreign country)

14. Maiden name Anna Zimmerman

15. Birthplace Rowan Co. N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Paul Earnhart

(b) Address Highland, Ill.

17. (a) Removal (b) Date thereof 2-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anna, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAR 6 1941 (b) J. W. Gredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Highland
(If outside city or town limits, write "RURAL")
(d) Street No. 605 Cypress
(If rural, give location)
(e) If foreign born, how long in U. S. A? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 3-1, 1941, to 3-4, 1941;
that I last saw him alive on March 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) (e) Means of injury P

23. Signature W. H. Olmsted (M. D. or other) _____
Address 3720 Washington Date signed 3/5/41

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

J. Wm. Binkley

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo

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.