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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

9423  
State File No. \_\_\_\_\_  
2833  
Registrar's No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

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:  
Lutheran Hospital 0  
(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 Harry T. Avery  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased March 29 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 3 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Jack Avery  
13. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Phoeba Floa  
15. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Avery  
(b) Address 2204 a Keokuk st.

17. (a) Burial (b) Date thereof March 31, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director R. Hoffmeister No. 2 Co.  
(b) Address 7814 S. Broadway

19. (a) MAR 31 1941 (b) J. W. Bredeck  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2204 a Keokuk St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1941. hour 1 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 28 1941 to Name Date 1941;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis  
hazy

Due to \_\_\_\_\_

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, file 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 R. T. Higgins (M. D. \_\_\_\_\_)  
Address 2000 So. Broadway Date signed 3.31.41

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

0  
9

11 G. W.

**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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

**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.**