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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12660

FILED MAY 13 1941
791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3090

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:
4658 Palm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
27 Years (Specify whether _____)
In this community _____
27 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4658 Palm St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 years years.

3. (a) PRINT FULLNAME Albert W. Storm

3. (b) If veteran, name war Nil 3. (c) Social Security No. 491-12-9099

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Caroline Storm
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Dec. 25 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace Unk. Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter
Butchery Business

11. Industry or business _____

12. Name Herman Storm
13. Birthplace Unk. Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unk.
15. Birthplace Unk. Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Hisserich

(b) Address 4658 Palm St.

17. (a) Burial (b) Date thereof 4/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director J. H. Brudick
(b) Address 3934 N. 20th St.

19. (a) APR 9 1941 (b) J. H. Brudick
(Date received local health officer's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1941 hour 10 minute 15P. M.

21. I hereby certify that I attended the deceased from March 21-41
to April 6 - 1941, to _____, 19____;
that I last saw him alive on April 5 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute Endocarditis
following Broncho pneumonia
Due to Bronchopneumonia

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 107

Major findings:
Of operations _____
Of autopsy 107
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 _____
23. Signature Cordelia Prebitt (M. D. or other) _____
Address 3867 Cottage Date signed _____

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

MOTHER FATHER

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

Alfred J. Boedeker

Licensed Embalmer No. *3663*

P. O. Address *4204 Prairie*

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.