

Registration District No. 154 Primary Registration District No. 210

1. PLACE OF DEATH:
(a) County St. Louis, found in
(b) City or town Mississippi River @ Grimsby Land
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) City or town _____
(b) County _____
(c) Street No. _____
(d) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Unidentified
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
Found
20. DATE OF DEATH: Month May day 30 year 1941 hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
About 50

Immediate cause of death Drowned in the Mississippi River.

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

Due to _____
Due to _____

10. Usual occupation _____

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

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Louis H. Bopp Coroner
(b) Address St. Louis County Mo.
(c) Place: burial or cremation Oak Hill Cemty

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof 5/31/41 (Month) (Day) (Year)
(c) Signature of funeral director Louis H. Bopp Inc

18. (a) Address Kirkwood Mo.
19. (a) MAY 31 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address Kirkwood, Mo. 5/31/41 Date signed _____

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

96
00

96
0

183-11

36

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
EMBALMERS' EXAMINATION
O. 1000

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, fact should be so stated above.