

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23729

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6071

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: FIRMAN DESLOVE HOSP.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2121 N. WARF
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23
year 1941 hour 2 minute 22 P. M.
21. I hereby certify that I attended the deceased from 7/17/41
19____ to 7/23/41 19____
that I last saw her alive on 7/23/41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation
Duration ?

Due to Hypertensive arteriosclerotic renal disease ?

Due to _____

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

Major findings: Of operations _____

Of autopsy Generalized Atherosclerosis, nephrosclerosis, Cardiac Hypertrophy
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) (c) Means of injury _____

23. Signature R. A. Meyer (M. D. certifying)
Address 1325 S. Bond Date signed 7/24/41

3. (a) PRINT FULL NAME Josephine Aubrey

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN. 1 - 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWORK

11. Industry or business HOME

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Harry Primas

(b) Address 2121 N. Warf

17. (a) BURIAL (b) Date thereof 7-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Bullen & Kelly

(b) Address 1416 N. Taylor Ave

19. (a) JUL 25 1941 (b) J. Bledsoe
(Date received local registrar) (Registrar's signature)

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

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17
9

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.....

.....
working under my personal supervision.

Myself
....., Registered Apprentice No.

Signed

Glenn E. Anderson

Licensed Embalmer No.

4141

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.