

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 3 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39414

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2406

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. John Station
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2620 Walton Road
(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 St. Louis

(c) City or town St. John Station
(If outside city or town limits, write "RURAL")

(d) Street No. 2620 Walton Road
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jennie Fister.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wendel Fister

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

7. Birth date of deceased July 26, 1884.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57	4	2	hr. min.
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Pitts

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

14. Maiden name Margaret A nglum

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

16. (a) Informant Mrs. Alice Foerster

(b) Address 2620 Walton Road

17. (a) Burial (b) Date thereof Dec. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) NOV 29 1941 (b) H. McWarren
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1941 hour 7.25 minute A.M. M.

21. I hereby certify that I attended the deceased from October 6th 1941 to Nov. 28th 1941;
that I last saw her alive on Nov. 27th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 mo.

Due to Arteriosclerosis 3 mo.

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 H. T. Coffman (M. D. or other) C.

Address Pattonville, Mo. Date signed Nov. 28, 41

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Coleman

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 Ray W. Wilkins
Licensed Embalmer No. 3575
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.