No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 9 1942

Registration District No. 344

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 101

State File No. 42990

Registrar's No. 2648

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hosp. 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County 96

(c) City or town 2
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Unknown White Male

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

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)

8. AGE: Years About 60 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) 9 Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Louis H Bapp Inc
(b) Address Kirkwood, Mo.

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof Washington 12-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sentinel

18. (a) Signature of funeral director W Kuhlo
(b) Address 5500 Pasture

19. (a) DEC 30 1941 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1941 hour 6:38 minute P M.

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.

	Duration
Immediate cause of death Struck by an auto while a pedestrian on a public highway	
Due to Fracture of left frontal bone; subdural hematoma, left;	
Due to subarachnoid hemorrhage, l; frac. ribs & laceration of liver	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Yes

1706-4
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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) Accident 00

(b) Date of occurrence Dec. 10, 1941

(c) Where did injury occur? Lemay & Cleeves Aves. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place 2
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Louis H Bapp Bowne (M. D. or other)

Address Kirkwood, Mo. 12/15/41 Date signed .....

707 (Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.