

316
S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4308**
1956
Registrar's No. _____

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Days**
(Specify whether
In this community _____
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") **1237**
(d) Street No. **1238 Bayard Ave**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Florence Eubanks**
(b) If veteran, name war *********
(c) Social Security No. *********

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **1**,
year **1942** hour **1:10** minute _____ P. M.
21. I hereby certify that I attended the deceased from **February**
23, 19**42**, to **March 1**, 19**42**
that I last saw her alive on **March 1**, 19**42**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

Immediate cause of death _____
Genl arteriosclerosis with arteriosclerotic heart disease
Due to _____
Due to _____
Include pregnancy within 3 months of death

7. Birth date of deceased **September 1 1861**
(Month) (Day) (Year)

Major findings: _____
Of operations _____
Of autopsy **above & nephrosclerosis**
Underline the cause to which death should be charged statistically.

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

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **John Wheatley**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Katherine Mulvihill**
(b) Address **4116 W. Pine Blvd**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **March 4 1942**
(Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Petz Brothers**
(b) Address **3029 Lafayette Ave**

19. (a) **MAR 3 1942** (Date received local Registrar's) (b) **J. P. Busch** (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 **J. P. Busch** (Date signed **3/2/42**)
Address **1515 Lafayette Ave.**

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 James J. Swann
Licensed Embalmer No. 22457
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.