

FILED MAR 2 1942

Registration District No.

Primary Registration District No. 20

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town Jefferson Barracks, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Station Hospital, Jefferson Barracks, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Three (3) days.  
(Specify whether  
In this community One (1) month.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County 999  
(c) City or town Detroit 40  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2555 Scurtevasg Avenue 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22  
year 1942 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from February  
Twetieth 1942 to February 22 1942  
that I last saw him alive on February 22nd 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebrospinal  
Meningitis. Duration

Due to 6  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Confirmed above.

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 HENRY SYDOW, Capt. MC (M. D. or other)  
Address Jefferson Bks Mo Date signed 2/23/42

3. (a) PRINT FULL NAME PROVO, FREDERICK A.

3. (b) If veteran, name war (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. August 22 1915  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
26 6 0 2 35  
hr. min.

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

10. Usual occupation Soldier

11. Industry or business United States Army

12. Name Unavailable

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

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

16. (a) Informant Clinical Record Sgt M. Shaw

(b) Address Station Hospital, Jefferson Bks, Removal

17. (a) (b) Date thereof Feb. 23, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Detroit, Michigan

18. (a) Signature of funeral director W. H. Mc Donnell  
(b) Address 7814 S. Broadway

19. (a) FEB 23 1942 (b) E. J. Mc Donnell  
(Date received) (Registrar's signature)

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

76  
00

707

77 33

**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 *Lewis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

**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.**