

1365

V. S. No. 2
OM-9-4-41
Rev. 5-17-39
I X29424

12548

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
MAY 13 1942
731

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **3964**

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH
(Specify whether years, months or days)

In this community USA - 22 - 7017

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town ST. LOUIS 23 000
(If outside city or town limits, write "RURAL")

(d) Street No. 1520 MENARD ST. 17
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Clara B. Dischbien

3. (b) If veteran, name war No

3. (c) Social Security No. 489-09-7077

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2, year 1942 hour 11:12 minute P. M.

21. I hereby certify that I attended the deceased from May 2, 1942 to May 2, 1942;

that I last saw h. er alive on May 2, " 1942;

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 MARRIED

6. (b) Name of husband or wife FRED

6. (c) Age of husband or wife if alive 45 years (Day) (Year)

7. Birth date of deceased MAY 17 1899
(Month) (Day) (Year)

Immediate cause of death Uremia 2 wks
maligant hypertension 5 mo

Due to enlarged heart

Date to Uremia
reperited

Other conditions (Include pregnancy within 3 months of death) 121

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

42 11 15 hr. min.

Major findings: Of operations 121

Of autopsy Same

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace ST. LOUIS UMO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name JOHN MOFFITT

13. Birthplace ST. LOUIS, MO. U
(City, town, or county) (State or foreign country)

14. Maiden name HELEN SCHSEIBE

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

16. (a) Informant Bertha Lux

(b) Address 2345 9 Dodier St.

17. (a) Burial (b) Date thereof May 6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director J. M. C. Maxwell

(b) Address 1926 Allen

19. (a) MAY 6 1942 J. F. Predeck
(Date received local registrar) (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)

Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 1525 Lafayette Ave. Date signed 5/4/42

(Licensed Embalmer's Statement on Reverse Side)

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

2 B

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed A. H. Janney
Licensed Embalmer No. 4140
P. O. Address 1926 Allen

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.