

S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15680

State File No. _____

FILED MAY 25 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1105

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In Route to Hospital
(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 080
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5950 Ridge Ave.
(If rural, give location) 1
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME John H. Driskill.

3. (b) If veteran, name war No 8. (c) Social Security No. 494-10-2944

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

6. (b) Name of husband or wife Hilda Driskill 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug. 27, 1896.
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 29 If less than one day hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business Hill-Beham Lumber Co.

MOTHER FATHER { 12. Name Mont Driskill
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Etta Couch
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hilda Driskill
(b) Address 5950 Ridge Ave.

17. (a) Removal (b) Date thereof May 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sorento, Ill.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) MAY 20 1942 (b) J. Mc Linn Md.
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1942 hour 11.45 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Chronic Myocarditis.

Due to _____

Other conditions 93d

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes.

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? 5

While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature Louis H. Bopp Coroner (M.D. or other) _____
Address Kirkwood, Mo. Date signed 5/20/42

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

76
6
0

W.C. 22

107

Bopp

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..... 3225
P.O. Address..... 1125 Hodiamont Ave.,

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, above space should be left blank.