V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942 291

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

1003

State File No. 16047

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4689

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

**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 Mary's Infirmary 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 Missouri (b) County ..... 21 009 17 9

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

(d) Street No. 2950 Lawton 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME George Cone

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

4. Sex Male 2 | 5. Color or race Colored | 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 53 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

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

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

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 5-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board St Louis

18. (a) Signature of funeral director W Pichter
(b) Address 3500 Pattison St

19. (a) MAY 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 16
year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from April 24, 1942, to May 16, 1942; that I last saw him alive on May 16, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerulo-nephritis

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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? ..... (Specify type of place)

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

23. Signature L. S. Davis (M. D. or other) M. D.

Address 1536 Papin Date signed 5/17/42

(Licensed Embalmer's Statement on Reverse Side)

4689

## 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 with the above constitutes grounds for revocation of license.)**

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