

No. 2
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-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 6 1942 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28614

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7996

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Masonic Home of Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 11 mos
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Tetty Churchill

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

4. Sex f / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Alfred Absolom 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 13, 1861
(Month) (Day) (Year)

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

<u>81</u>	<u>7</u>	<u>12</u>	hr. _____ min.
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9. Birthplace Collinsville, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Nicholas Backman

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

14. Maiden name Caroline Nicholas

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

16. (a) Informant Joan Hirsch

(b) Address 5351 Delmar Blvd

17. (a) Burial (b) Date thereof 9-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington, Blvd.

19. (a) SEP 26 1942 (b) J. J. Madock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 5351 Delmar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept- day 25
year 1942 hour 2.20 minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 9, 1938, Sept-25- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Hypertension 2 yrs

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 0

23. Signature Albert H. Hoppe (M. D. or other) 9-25-42
Address 43 Washington Tr. Date signed

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

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.....

Albert G. Hopp

Licensed Embalmer No.

2971

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.