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 No. 2
 5-42
 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28647

State File No. 7875

FILED OCT 1 1942
 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town St. Louis, Missouri
 (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. 2 Mos. 18 Days
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000 17
 (c) City or town St. Louis 9 23
 (d) Street No. 2217 McNair Ave
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Lillie Dawson

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 21,
 year 1942 hour 7:30 minute A. M.

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

21. I hereby certify that I attended the deceased from July
3, 1942, to September 21, 1942
 that I last saw h..... or alive on September 21, 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. Widow

Immediate cause of death Coronary occlusion

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

7. Birth date of deceased January 5 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 8 16 hr. min.

Due to Hypertensive heart disease
 Due to.....
 Other conditions.....
 Major findings:
 Of operations.....
 Of autopsy.....

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Charles Knierim
 13. Birthplace Missouri
 14. Maiden name Rose Lambert
 15. Birthplace Missouri

16. (a) Informant Mrs. Francis Myers
 (b) Address 2217 McNair Ave

17. (a) Burial (b) Date thereof Sept 24 1942
 (c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Peetz Lafayette
 (b) Address 3029 Lafayette Ave

19. (a) SEP 22 1942 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

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?.....
 (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 Gray U. Jankov (M. D. or other) last
 Address 1515 Lafayette Ave. Date signed 9/21/42

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

MOTHER FATHER

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:

Frank J. Jones

Licensed Embalmer No.

2245

P. O. Address

St. Louis, Mo.

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.