

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28651

State File No.

FILED OCT 6 1942

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 7993

1. PLACE OF DEATH:

(a) County.....

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
2335 SPRUCE ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
25 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 104

(c) City or town ST LOUIS 9 22
(If outside city or town limits, write "RURAL")

(d) Street No.: 2335 SPRUCE ST.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES DEAL

3. (b) If veteran, name war No

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1942 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from

4. Sex MALE 5. Color or race C

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNIE

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 3-1-1893
(Month) (Day) (Year)

that I last saw him..... alive on, 19....., to, 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation LABORER

Immediate cause of death Ruptured Aortic Aneurysm;
whether the result of natural causes
or from a strain to his shoulder while
carrying an air condition unit from
the first to second floor on Thursh
Ave. (house number unknown) on
Sept. 16, 1942, could not be deter-
mined;

Other conditions (includes pregnancy within 3 months of death)

11. Industry or business

12. Name Albert Deal

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

14. Maiden name

15. Birthplace

Major findings:
Of operations 19599

Of autopsy 19599

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Yvonne Deal

(b) Address 2335 SPRUCE ST

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

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Benjamin J. ...

(b) Address 3103 Washington

19. (a) SEP 26 1942 (b) J. F. ...
(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)
(e) Means of injury.....

23. Signature Alfred J. Perry (M. D. or other).....
Address ... Date signed 9/24/42

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 *Melvin Blackman*.....

Licensed Embalmer No. *3962*.....

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.