

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

96
326
FRIED NOV 5 1942
Registration District No. 101

Primary Registration District No. 101

Registrar's No. 2157

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis Co. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")

(d) Street No. Glencoe & Hugo St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Ellen Brisco

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14
year 42 hour 7 minute 25 P. M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 86 1/2 years
(Month) 7 (Day) 5 (Year) 1868

21. I hereby certify that I attended the deceased from July 1, 1942 to 10 / 14, 1942; that I last saw her alive on 10 / 14 / 42 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocardites

Due to Arteria Scebories
Chronic Intistkal Nephriten
Senility

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

8. AGE: Years 74 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation Nail

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Anna Selders

(b) Address Glencoe & Hugo St. Kinloch

17. (a) Burial (b) Date thereof 10 17 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesterfield, Missouri

18. (a) Signature of funeral director Boyd Bro's Funeral Home

(b) Address Lix & Stanza St. Kinloch, Mo.

19. (a) OCT 17 1942 (b) _____
(Date received local health officer) (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 Wm. R. Rainey (M.D. or other) M.D.
Address Kinloch Park Date signed 10/14/42

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 *Louis V. Altman*.....

Licensed Embalmer No. *2842*.....

P. O. Address. *2842*.....

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.