

S. No. 2  
M-542  
5-17-39  
X32873

**FILED DEC. 1 1942**  
Registration District No. ....

Primary Registration District No. **1003**

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: **BARNES HOSPITAL**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **21 days**  
(Specify whether  
 In this community **45 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Missouri** (b) County..... **000**  
 (c) City or town..... **St. Louis,** **17**  
(If outside city or town limits, write "RURAL") **9 22**  
 (d) Street No..... **1313a Park**  
(If rural, give location)  
 (e) Citizen of foreign country? **--** (Yes or No)  
 If yes, name country..... **0**

**3. (a) PRINT FULL NAME** **John Urwin**

3. (b) If veteran, name war..... **--**

3. (c) Social Security No. **496-22-2167**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Nov** day **21**  
 year **1942** hour **7** minute **30** A.M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Mary Ann Urwin**

6. (c) Age of husband or wife if alive **74**

7. Birth date of deceased..... **March 2, 1868**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**Nov. 2, 1942 to Nov. 21, 1942**  
 that I last saw him alive on **Nov. 21, 1942**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<b>74</b>	<b>8</b>	<b>19</b>	

Immediate cause of death..... **Pulmonary embolism** **9 hrs?**

Due to..... **Operation** **1 hr**

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

10. Usual occupation..... **Retired**

Other conditions..... **Arteriosclerosis** **1 yr?**

Major findings:  
 Of operations..... **Ca. stomach**

11. Industry or business..... **Night Watchman**

12. Name..... **Unknown**

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

14. Maiden name..... **Unknown**

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

Of autopsy..... **Pulmonary embolism**

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

16. (a) Informant..... **Mary Ann Urwin**

(b) Address..... **1313a Park**

17. (a) **Burial** (b) Date thereof..... **11 24 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Sunset Burial Park**

18. (a) Signature of funeral director..... **Wacker-Heldrich Wood Co.**

(b) Address..... **3634 Gravois Ave.**

19. (a) **NOV 23 1942** (b) **J. Biedeck**  
(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?  
(Specify type of place) (e) Means of injury

23. Signature..... **E. O. K. Hoff, M.D.** (M. D. or other)  
 Address..... **BARNES HOSPITAL** Date signed..... **11-21-42**

**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 Robert Wheeler  
Licensed Embalmer No. 2178  
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.**