S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 834

1. PLACE OF DEATH:
(a) County ~~2226 A Chouteau ave~~
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2226 A Chouteau
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 17
(c) City or town St Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2226 A Chouteau
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nettie ~~Ayuso~~ AYUSO
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex FE.
5. Color or race COL 3
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased — (Month) — (Day) (Year)

8. AGE: About Years 42 Months — Days — If less than one day hr. min.

9. Birthplace (City, town, or county) MISS 1 (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business
FATHER
12. Name JOHN WILLIAMS
13. Birthplace (City, town, or county) MISS 1 (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant Bernard Ayuso
(b) Address 2226 A Chouteau ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD
18. (a) Signature of funeral director Parrett & Jones
(b) Address 2631 Gamble
19. (a) JAN 27 1943 (Date received local registrar) (b) J. F. Bresch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1943 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 18, 1943, to Jan 24, 1943;
that I last saw her alive on Jan 22, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Chronic and Myocarditis Chronic and Hypertrusion — Duration 2

Due to 92d

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. Lino Schuchat (M. D. or other)
Address 2200 Chouteau ave Date signed 1-26-43

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.