

1093
S. No. 2
M-9-4-41
V. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11871

State File No.

Registrar's No.

3351

ED. APR 19 1943

318

Primary Registration District No.

1002

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1906 Whitnell
(If rural, give location)

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

3. (a) PRINT FULL NAME..... Ollie Been

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

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

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

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

7. Birth date of deceased..... Nov. 23, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 4 15 hr. min.

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

10. Usual occupation..... Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name..... Absolom M. Been

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

14. Maiden name..... Mary E. Gross

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

16. (a) Informant..... Horace C. Been

(b) Address..... 3964 Folsom

17. (a) Burial (b) Date thereof..... 4/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Baldwin, Ill.

18. (a) Signature of funeral director..... Edith E. Ambruster

(b) Address..... 4234 Manchester

19. (a) APR 9 1943 (b) J. F. Brueck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8, year 1943 hour 7:25 minute A. M.

21. I hereby certify that I attended the deceased from April 5, 1943, to April 8, 1943 that I last saw him alive on April 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death..... Tuberculosis Pulmonary

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)..... Lupus of Thyroid & Larynx

Major findings: Of operations.....

Of autopsy..... Refused

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?.....

23. Signature..... W. H. Wade (Specify type of place) (e) Means of injury.....

Address..... 1515 Lafayette Ave. Date signed 4/8/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

844 707 (Licensed Embalmer's Statement on Reverse Side)

bill

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..... *Flanny Eynck*.....
Licensed Embalmer No. *1284*
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.