

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

SEP 3 1943 1818
Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 7705

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:
4333 Delor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 50 Years

3. (a) PRINT FULL NAME Cora M. Truesdell

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

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

6. (b) Name of husband or wife Chauncey O. Truesdell 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 30 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 07 Days 26 If less than one day hr. min. 25

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Addison Tucker

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

14. Maiden name Mathilda Kinser

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

16. (a) Informant Chauncey O. Truesdell

(b) Address 4333 Delor

17. (a) Burial (b) Date thereof 8/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) AUG 27 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4333 Delor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1943 hour 3.20 minute A. M.

21. I hereby certify that I attended the deceased from 5/24
_____ 1943 to 8/25 1943

that I last saw her alive on 8/24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 18 mo.

Due to _____

Due to 1/1/43

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) 220

(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 W. Schumacher (M.D. _____)

Address 3804 W. 11th Street Date signed 8/27/43

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

MOTHER FATHER

906 WILMINGTON
XU 7224
26X30

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.....

George N. Archambault

Registered Apprentice No. **XXXXXXXX**

working under my personal supervision.

Signed *George N. Archambault*
License Embalmer No. **2906**

P. O. Address **3013 Meramec St.**

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.