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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0

SEP 4 1943
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1986

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural - Gravois Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8201 Gravois Ave.
(If not in hospital or institution, write street number or location)

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

In this community Life. _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town (Rural) Gravois Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 8201 Gravois Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Jane Schramm

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

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

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

7. Birth date of deceased April 18th, 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>4</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name James Mc Laughlan

13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Phillip J. Kaemper

(b) Address 8201 Gravois Ave.

17. (a) Burial (b) Date thereof 9/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director John J. Jurgens

(b) Address 7027 Gravois Ave.

19. (a) SEP 2 - 1943 (b) E. S. Mc Gowan
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 26th
1943 to Aug 31, 1943
that I last saw him alive on Aug 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to _____

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? _____

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

23. Signature Leo E. Wilucki (M. D. or other) _____

Address 5402 9th Date signed Sept 1/43

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

26
0

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..... *B. P. Kidwell*.....

Licensed Embalmer No..... *3877*.....

P. O. Address..... *7027 Illinois*.....

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.