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S. No. 2
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5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 30424
Registrar's No. 8151

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

FILED SEP 21 1943
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis
(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) 0
(d) Length of stay: In hospital or institution 26 Days
(Specify whether years, months or days)

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. 2701 Hickory
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Stavoll
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan. 15th 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 12, year 1943 hour 1:45 minute P.M.
21. I hereby certify that I attended the deceased from August 18, 1943 to September 12, 1943; that I last saw him alive on September 12, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 7 27 hr. min.

Immediate cause of death Myocardial infarction
Due to arteriosclerotic heart disease
Due to _____

9. Birthplace Grand Tower, Ills
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none 93d
Of autopsy none

10. Usual occupation Watchman

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Helen Calamia
(b) Address 2701 Hickory

17. (a) Burial (b) Date thereof 9/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director C. W. M. Slaughter
(b) Address 2701 Lafayette Av.

19. (a) SEP 13 1943 (b) J. J. Medek
(Date received from registrar) (Registrar's signature)

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 Russell W. Blanchard (M. D. or other) M.D.
Address St. Louis City Hosp Date signed 9/12/43

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 L. R. Cooper

Licensed Embalmer No. 36.33

P. O. Address 2317 Lafayette

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.