

No. 2
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X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35608

State File No.

NOV 6 1943

Registration District No. 3.17

Primary Registration District No. 3070

Registrar's No. 2415

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
803 Clark 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... 23 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 803 Clark
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME

Joseph Fred David

3. (b) If veteran, name war..... no

3. (c) Social Security No. 497-18-8323

4. Sex M 5. Color or Race A 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Helen G. Hornhauer 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased 8 7 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 4 20 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Mess Con. Nail Bank

12. Name Joe David

13. Birthplace Lancaster Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Reckshmidt

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Helen David

(b) Address 803 Clark Ave

17. (a) Burial (b) Date thereof 10-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cem

18. (a) Signature of funeral director Mattelberg

(b) Address Webster Groves Mo

19. (a) OCT 30 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from weeks
19... to 19...
that I last saw him alive on 10/27/43
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration mos.

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none 46h

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) none
(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 Frank P. Baum (M. D. or other) MD

Address 132 N. Gore Webster Groves Date signed 10/28/43

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

MOTHER FATHER

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.....

V E Morris

Licensed Embalmer No.....

3360

P. O. Address.....

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.