

No. 2
4-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5684

State File No.

FILED FEB 28 1944

Registrar's No. 1593

Registration District No. 1318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(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. Luke's 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)

3. (a) PRINT FULL NAME Zella Samuel

3. (b) If veteran, name war None

3. (c) Social Security No. 360-16-5854

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Frank C. Samuel

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April 16 1897
(Month) (Day) (Year)

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

46	10	0	hr. min.
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9. Birthplace Carterville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

MOTHER FATHER { 12. Name John R. Russell

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

{ 14. Maiden name Anna M. Baxter

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

16. (a) Informant Fred Hoover

(b) Address Carterville, Illinois

17. (a) Removal (b) Date thereof 2-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) FEB 17 1944 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Williamson

(c) City or town Carterville
(If outside city or town limits, write "RURAL")

(d) Street No. 321 S. Division St.
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country..... 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1944 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from Feb. 8 1944 to Feb. 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Senile Dementia (Dementia)

Due to.....

Due to..... 56

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations same

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 J. F. Bredbeck (M. D. or other) M.D.
Address 4952 Maryland Ave. Date signed 2/17/44
St. Louis, Mo.

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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.....

G. W. Wilkin

Licensed Embalmer No.....

3575

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.