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23672
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5830
Registrar's No. 2090

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 8 days
In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 1402 South 7th St 9 23
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LOUIS TREADWAY

3. (b) If veteran, name war None 3. (c) Social Security No.

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

6. (b) Name of husband or wife Ethel 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug 28 1891 (Month) (Day) (Year)

8. AGE: Years 52 Months 6 Day 1 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name James Treadway

13. Birthplace Desark Mo. Missouri (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Nichols

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

16. (a) Informant Sherman Treadway

(b) Address 2208 South 11th St.

17. (a) Burial (b) Date thereof 3 / 3 / 44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A.W. McLaughlin (b) Address 2301 Lafayette Ave

19. (a) MAR 2 1944 (Date received local registrar) J.F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th year 1944 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 23rd 1944 to Feb. 29th 1944 that I last saw him alive on Feb. 29th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolus from thrombophlebitis of Right femoral vein

Duration

4 1/2 hrs

16 da

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

Major findings: Of operations none

Of autopsy none

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature D.J. Verda (M. D. or other) Address 1515 Lafayette Date signed 2/1/44

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

APR 17 1945

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. Casper

Licensed Embalmer No.....

3633

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.