

18724

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **9 1943 18**

Primary Registration District No. **1003**

Registrar's No. **4926**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St John Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 Weeks In Hospital**
(Specify whether in this community years, months or days) **45 Years In St Louis.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **Kirkwood Mo.**
(If outside city or town limits, write "RURAL" and name of place) **733 Bernice**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **1** years.

3. (a) PRINT FULL NAME **DELLA SANDS**

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 **Widow**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Nov 5 1875**
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **22** If less than one day hr. _____ min. _____

9. Birthplace **INDIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Housewife.**

MOTHER FATHER

12. Name **William Wiggington**

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

14. Maiden name **Lydia Bennett**

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

16. (a) Informant's own signature **Bernadine SMYTHE**

(b) Address **933 Bernice Kirkwood Mo.**

17. (a) **Burial** (b) Date thereof **5.30/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Peters Cem Kirkwood**

18. (a) Signature of funeral director **W. H. Hutis & Son**

(b) Address **2806 Gravois Ave**

19. (a) **MAY 29 1944** (b) **J. F. Medear**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27** year **1944** hour **3 35 A.M.** M.

21. I hereby certify that I attended the deceased from **April 12** 19 **44** to **May 27** 19 **44**

that I last saw him alive on **May 27** 19 **44** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Cardiovascular Disease**

Due to **U I**

Other conditions **Dialites Meritins**
(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 **C**

23. Signature **S. A. Mansch** (M. D. or other) _____ Address **529 N Grand** Date signed **5/1**

MAY 29 1944

*Winnick
Dno. Charles B. 119*

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 *Said. Jan Fossan.*

Licensed Embalmer No. *4282*

P. O. Address *2906 Harris*

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, above space should be left blank.