

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36871

#9995  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH  
THE STATE BOARD OF HEALTH OF MISSOURI

State File No. 28939  
Registrar's No. 8619

FILED OCT 12 1945  
318  
Registration District No. 318  
Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max 605 Starklof  
(If not in hospital or institution, write street number or location) Memoria  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community 30 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 1722  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1821 LaSalle 9  
(If rural, give location) 1  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET Cover  
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 Married  
6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased March Unknown 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 7 9 hr. min.

9. Birthplace Grafton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 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 Albert Cover

(b) Address 1821 LaSalle

17. (a) Burial (b) Date thereof 10/6/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

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

19. (a) OCT 5 1945 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd  
year 1945 hour 6:15 minute P M.  
21. I hereby certify that I attended the deceased from 9/27/45  
\_\_\_\_\_ 19 \_\_\_\_\_, to 10/3/45 \_\_\_\_\_ 19 \_\_\_\_\_;  
that I last saw h. er alive on 10/3/45 \_\_\_\_\_, 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (b) Means of injury \_\_\_\_\_

23. Signature James [Signature] (M, D, or other) \_\_\_\_\_  
Address 1515 Lafayette 10/3/45  
Date signed \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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. *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.**