V. S. No. 2
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#50872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35857

FILED DEC 12 1945

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10477

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

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1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 07 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4911 FOUNTAIN 1V9 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM J. SKINNER

3. (b) If veteran, name war

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 MARIAN RITCHE SKINNER

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

7. Birth date of deceased AUGUST (Month) 31 (Day) 1873 (Year)

8. AGE: Years 72 Months 3 Days 2 If less than one day hr. min.

9. Birthplace TRENTON (City, town, or county) ILL. (State or foreign country)

10. Usual occupation CLERK

11. Industry or business RAILROAD

FATHER
12. Name JAMES SKINNER
13. Birthplace (City, town, or county) ENGLAND (State or foreign country)

MOTHER
14. Maiden name FREDERIKA ZIMMER
15. Birthplace (City, town, or county) SWITZERLAND (State or foreign country)

16. (a) Informant MARIAN G. SKINNER

(b) Address 4911 FOUNTAIN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-5-45 (Month) (Day) (Year)

(c) Place: burial or cremation TRENTON, ILL.

18. (a) Signature of funeral director STROOT-CARROLL

(b) Address 4600 NATURAL BRIDGE

19. (a) DEC 3 1945 (Date received local registrar) (b) J. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd year 1945 hour 12;35 minute A. M.

21. I hereby certify that I attended the deceased from 11/25/45, 19, to 12/2/45, 19; that I last saw him alive on 12/2/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James J. Hunt (M. D. or other)

Address 1515 Lafayette 12/3/45 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 H. E. Burgess

Licensed Embalmer No. 4029

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.