

S. No. 2
M-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25816

State File No.

FILED AUG 5 1946
Registration District No. 318

Primary Registration District No. 1000 Registrar's No. 6624

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

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:
3942 Connecticut St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3942 Connecticut St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Franklin M. Underwood

3. (b) If veteran, name war None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1946 hour 7:45 minute P.M.

21. I hereby certify that I attended the deceased from July 27, 1946
to July 27, 1946

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ann

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct. 8 1880
(Month) (Day) (Year)

that I last saw him alive on July 26 1946
and that death occurred on the date and hour stated above.

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

65	9	18	hr. min.
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Immediate cause of death: Cerebral Apoplexy

Duration

9. Birthplace Joblin Mo. h
(City, town, or county) (State or foreign country)

10. Usual occupation Educator (Principal)

Due to Hypertension

Due to

11. Industry or business Rose Fanning School

12. Name Stephen A. Underwood

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

14. Maiden name Anne Whitwell

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

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 8 str!

Of autopsy

16. (a) Informant Ann Underwood

(b) Address 3942 Connecticut St.

17. (a) Burial (b) Date thereof 7 30 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 29 1946 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other)

Address 203-3720 Worthington Date signed 7/29/46

3/10
Mar 10 1968
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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 Richard W. Storvick

Licensed Embalmer No. 4007

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.