

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31405

FILED OCT 7 1946

State File No. 11

Registration District No. 317

Primary Registration District No. 6676

Registrar's No. 2043

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town JENNINGS, Mo.
(c) Name of hospital or institution ELMS NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 YRS. (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town ST. LOUIS 17
(d) Street No. 4457 THOLOZAN 9
(If rural, give location)
(e) Citizen of foreign country? = (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Hannah Gaston
3. (b) If veteran, name war =
3. (c) Social Security No. =

20. DATE OF DEATH: Month Sept day 30
year 1946 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from 9-25-46
_____ 19____ to 9-30 1946;

MEDICAL CERTIFICATION

that I last saw him alive on 9-30 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death Cornary thrombosis
Due to Diabetic mellitus 1940
Arteriosclerosis 1935
Other conditions 61
(include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none
Duration 2 mos
Underline the cause to which death should be charged statistically.

4. Sex FE 5. Color or race W.
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Samuel D.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 25 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace Milstad Ill
(City, town, or county) (State or foreign country)

10. Usual occupation ML

11. Industry or business _____

12. Name HENRY MUSKOPF

13. Birthplace ILL 1
(City, town, or county) (State or foreign country)

14. Maiden name MARIA HILDE BRAND
(City, town, or county) (State or foreign country)

15. Birthplace ILL 1
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Gaston
(b) Address 1506 Mc Lawland

17. (a) BURIAL (b) Date thereof Oct. 3 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SONSET

18. (a) Signature of funeral director Benjamin J. Jones
(b) Address 1936 St. Louis Ave

19. (a) 10-3-46 (b) Rush & Allen MD
(Date received local registrar) (Registrar's signature) Ms

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 0
Signature Mitchell D. Shuman (M. D. certifier)
Address Ferguson Mo Date signed 10-1-46

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

MOTHER FATHER

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.....

Licensed Embalmer No. *3497*

P. O. Address. *1936 St. Louis*

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.