

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
#38879

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32122

FILED OCT 14 1946
318

Primary Registration District No. 1003

Registrar's No. 8445

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial
(d) Length of stay: In hospital or institution 3 mos - 3 days
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1117
(d) Street No. 3916 N. Market St., Memorial (If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME HERMAN PRIEST
3. (b) If veteran name war Unk. 3. (c) Social Security No. Unk.
4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced, separated
6. (b) Name of husband or wife Lucile 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 17th, ? (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 27th year 1946 hour 9:10 minute P M.
21. I hereby certify that I attended the deceased from 6/24/46 to Sept. 27th, 1946 that I last saw him alive on Sept. 27th, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
abt 43
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Unk.
11. Industry or business Unk.
12. Name William 9
13. Birthplace Unk. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Unk
15. Birthplace Unk (City, town, or county) (State or foreign country)
16. (a) Informant M. Renard
(b) Address St. Louis City Hospital.
17. (a) Anatomical Board (b) Date thereof 10-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director W. R. Ruppel
(b) Address 3500 Rutgers
19. (a) OCT 1 1946 (b) J. F. Mersereau (Registrar's signature)

Immediate cause of death: Subject yellow atrophy of the liver 6 mo.
Due to _____
Due to _____
Other conditions: Bronchopneumonia terminal 2 wks
Major findings: Of operations _____
Of autopsy: as above
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) _____
Means of injury _____
23. Signature George J. LaFayette 9/28/46 (M.D. or other)
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
30953

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.....

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.