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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38109

DEC 10 1942

Registration District No. 184 Primary Registration District No. 700 Registrar's No. 2496

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jennings, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8336 Hord Ave.
(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 Missouri (b) County St. Louis
(c) City or town Jennings,
(If outside city or town limits, write "RURAL")
(d) Street No. 8336 Hord Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

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3. (a) PRINT FULL NAME Ruth Walston
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 31 (Day) 1862 (Year)

8. AGE: Years 80 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Abe Turley
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Milo F. Rister
(b) Address 8336 Hord Ave., Jennings, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Mo.
18. (a) Signature of funeral director Drehmann-Harral U. Co.
(b) Address 1905 Union, St. Louis.
19. (a) NOV 30 1942 (Date received local registrar) (b) C. H. McGlynn M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1942 hour 7:30 minute A M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Natural causes.	
Due to Chronic Myocarditis.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	

Major findings:
Of operations
Of autopsy Yes.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature John M Meyer Deputy Coroner (M. D., or other)
Address Kirkwood, Mo. 11/28/42 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..... Robert M. Sandford

Licensed Embalmer No..... 2273

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.