

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 70
Township..... Primary Registration District No. 100
City St. Louis (No. 1933 N. 10th)

File No. 26054
Registered No. 7964
St. Ward)

2. FULL NAME

Mamie Standfield
(a) Residence. No. 1933 N. 10th St. 26 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Jake Standfield
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/17/1980
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 2 14 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer Mrs. Kagan

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Charleston
Ms.

PARENTS

10. NAME OF FATHER James Crafton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Diesberg
Tenn.
12. MAIDEN NAME OF MOTHER Annie Duke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Diesberg
Tenn.

14. INFORMANT Charlie Crafton
(Address) 1933 N. 10th St.

15. AUG - 4 1928 Mamie C. Standfield
FICED. 19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1928

17. I HEREBY CERTIFY That I attended deceased from July 30th 1928, to July 31st 1928 (that I last saw alive on July 30th 1928 and that death occurred, on the date stated above, at 7:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

initial insufficiency

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... 1933 N. 10th St.

DID AN OPERATION PRECEDE DEATH... NO DATE OF —

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. T. Edwards, M.D.

, 19 (Address) 1419 Missouri St.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Father Dickson 8-4-1928

20. UNDERTAKER ADDRESS

B. Leonard Unkley Co 2702 Lawton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

WITH UNFADING INK—THIS IS A

