

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1930 JUL 12 1939

791
1008

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20851
State File No. _____
Registrar's No. 5695

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 5/7/39
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") _____
(d) Street No. 1122 N. Jefferson
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME: Laura Oliver

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased June 14 1905
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>34</u>	<u>11</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation nil

11. Industry or business _____

12. Name Tom Wise

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

14. Maiden name Minnie Terrell

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

16. (a) Informant's own signature C. E. Williams

(b) Address 2601 N. Webster

17. (a) Burial (b) Date thereof 6-29-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director W. A. Hamilton

(b) Address City Health Dept.

19. (a) JUN 28 1939 (b) J. B. Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1939 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 7, 1939
_____, 19____, to May 29, 1939, 19____;
that I last saw h. er alive on May 29, 1939, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis; hemorrhagic cystitis; chronic arthritis left knee
Chr. bilateral salpingitis
Due to Cystitis from tubercular
non gonococcal
non catarrhal

Other conditions Pulmonary edema non T. B.
(Include pregnancy within 3 months of death)

Major findings: Salpingitis non puerperal
Of operations venereal
Of autopsy 131

Duration unknown
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) (e) Means of injury _____

28. Signature J. B. Martin (M. D. or other) _____
Address 2601 N. Webster Date signed 6/26/39

Statement 1

at 1:00

for 1957, 1958, 1959

1957, 1958, 1959

81

2001

8001

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, above space should be left blank.