

27704

State File No. _____

Registrar's No. 7204

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 14 1939

Registration District No. _____

Primary Registration District No. _____

WRITE PLAINLY—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.

1. PLACE OF DEATH:

(a) County La Fayette

(b) City or town St Louis

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis

(c) City or town St Louis MO [23]
(If outside the city or town limits, write "RURAL")

(d) Street No. 136 La Fayette
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Emmer Jackson 250

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Aug, day 15, year 1939 hour 10:16 am minute _____ M.

21. I hereby certify that I attended the deceased from Sept 3, 1939, to Aug 14, 1939

that I last saw her alive on Aug 14, 1939, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race colored

6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased June 9 1878
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
Comp of Uterus

Due to _____

Due to _____

Other conditions Rheumatism, Neuritis
(Include pregnancy within 3 months of death)

8. AGE: Years 61 Months 2 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business _____

12. Name Louis Moore

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

14. Maiden name Maudie Williams

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

16. (a) Informant's own signature Louis Moore

(b) Address 136 La Fayette

17. (a) Washington Park (b) Date thereof 9 19 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director R. J. Burns

(b) Address 14-19 S 3rd St

19. (a) AUG 19 1939 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature [Signature] (M. D. or other) _____

Address 925 S. Jefferson Date signed Aug 15

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

L V Atkins....., Registered Apprentice No.....
working under my personal supervision.

Signed

L V Atkins

Licensed Embalmer No. 2847

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.