

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38113
Registrar's No. 9952

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 2
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 3304a N. 14th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 3304a N. 14th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary A. McDuffie 231
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Eugene A. McDuffie 6. (c) Age of husband or wife if alive Decd. years
7. Birth date of deceased Dec. 25th. 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 19th.
year 1939 hour 9.30 minute _____ P. M.
21. I hereby certify that I attended the deceased from Oct 20 1939
to Nov. 17, 1939, 1939
that I last saw her alive on Nov. 17, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 10 24 hr. min.

Immediate cause of death Chronic high febrile with Arterial Sclerosis
Due to _____
Due to _____

9. Birthplace Rock Island, Ills.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Housework
11. Industry or business _____
12. Name ? Goodwin
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature J. J. Rogers
(b) Address 3304 N. 14 St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Printed Name
(b) Address 3710 N. Grand Blvd.
19. (a) Nov 21 1939 (Date recorded, local registrar) (b) J. J. Rogers (Registrar's signature)

23. Signature J. J. Rogers (M. D. or other)
Address 1875 C. Ave Date signed 11/24/39

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.

J.J. Vignier
1837 Cass Ave
3-5
cc 7864

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..... Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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.