11843

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41153

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10276

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 3004 N. Market
(If rural, give location)

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

3. (a) PRINT FULL NAME Cuba McPherson 216

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jack

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May 12, 1899 (Month) (Day) (Year)

8. AGE: Years 40 | Months 6 | Days 16 | 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 _____

FATHER
12. Name ? O'Niel
13. Birthplace _____ (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Jack Mc Pherson
(b) Address 3004 N. Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/39 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) DEC 1 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28, year 1939 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from November 26, 1939 to November 28, 1939 that I last saw her alive on November 28, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Meningitis	
Etiology unknown.	
Due to non epidemic	
pneumococcic type VIII	
Due to _____	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 79a	
Of autopsy _____	

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 E. H. Bieri (M.D. or other)

Address 1515 Lafayette, Date signed 11/28/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....Florenz Eymck.....

Licensed Embalmer No.....1284.....

P. O. Address.....St Louis Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.