

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41363

JAN 12 1940

Registrar's No. 10486

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St Louis  
 (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 G Phillips  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 month  
 (Specify whether \_\_\_\_\_)  
 In this community Unknown  
 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. 1735 a N 11th St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5  
 year 1939 hour 2:00 minute 14 A. M.  
 21. I hereby certify that I attended the deceased from  
November 5, 1939, to December 5, 1939;  
 that I last saw her alive on December 5, 1939;  
 and that death occurred on the date and hour stated above.

3. (a) PRINTE FULL NAME Ida Irvin 615  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Grant Irvin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Unknown  
 (Month) (Day) (Year)

8. AGE: Years About 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mose Jackson  
 18. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Corrie Brown  
 (b) Address 1735 N. 11th St.

17. (a) Burial (b) Date thereof Dec. 9, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Mary Wade  
 (b) Address 4302 Finley Ave.

19. (a) DEC 7 1939 (b) J. P. Dickson  
 (Date received local registrar) (Registrar's signature)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Gastric Carcinoma About 1 year  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature R. E. Hackmes (M. D. or other) \_\_\_\_\_  
 Address 2601 N Whittier Date signed \_\_\_\_\_

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.....

*S. J. Watson*

Licensed Embalmer No. ....

*2495*

P. O. Address.....

*2769 Chestnut*

**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.**