No. 2
1-10-39
17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

JUL 17 1940

State File No. 20067

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5015

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2614a Wash St 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2614a Wash. St 21
(If rural, give location)

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

3. (a) PRINT FULL NAME Henrietta Aaron 650

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Eli Aaron

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 3 (Day) 1869 (Year)

8. AGE: Years 71 Months 1 Days If less than one day hr. min.

9. Birthplace Brown Lowndes County (City, town, or county) Miss. (State or foreign country) 7

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER

14. Maiden name Fannie Jackson

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

16. (a) Informant Mrs J. Sanders

(b) Address 2614a Wash, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. L. Garner

(b) Address 2829 Washington, Ave.

19. (a) JUN 8 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1940 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Glioma (Tumor of Brain); non malignant.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Joseph M. Lucas (M. D. or other)

Address St Louis Co Date

(Licensed Embalmer's Statement on Reverse Side)

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 Robert A. Powell

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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.