. No. 2	DEPARTMENT OF COMMERCE MISSOURI STATE E		2265	ų
-11-10-39 \$-17-39 • I X21492	BUREAU OF THE PRINCES STANDARD CERTI	FICATE OF DEATH	State File No. 3365 Registrar's No. 834	<u>50</u>
8	1. PLACE OF DEATH:  (a) County  (b) City or town St. Louis, Mo	2. USUAL RESIDENCE OF DECE	ASED:	
PERMANENT RECORD	(c) Name of hospital or institution:  3844 N. Wharf St.  (if not in hospital or institution Nile.  (d) Length of stay: In hospital or institution Nile.  (Specify whether	(c) City or town St. Lou (If outside (d) Street No. 3844 N. W	is	2.6
¥	3. (a) PRINT Rebecca Durham FULL NAME Rebecca Durham 3. (b) If veteran, 8. (c) Social Security	(e) If foreign born, how long in U. S. A  MEDICAL 6  20. DATE OF DEATH: Month	CERTIFICATION  / O day 7	years.
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE	5. Color or 4. Sex Female race White 6. (a) Single, widowed, married. divorced Widow 6. (b) Name of husband or wife. 6. (c) Age of husband or wife if  John A. Durham alive Dead years	21. I hereby certify that I attended to 19.4.  that I last saw h alive on and that death occurred on the date a Immediate cause of death	o to / 0-6-	. 19 <b>40</b> . 19 <b>40</b> . Duration
ADING BLAC	(Month)         (Day)         (Yeer)           8. AGE:         Years         Months         Days         If less than one day           70         0         26         hr.         min.	Due to Due to	Selvacia	ayo-
Y—USE UNF	(City, town, or county)  10. Usual occupation Housework  11. Industry or business Home  [2] 12. Name Unkown	Other conditions. (Include pregnancy within 3 months of dee  Major findings: Of operations.	PI	HYSICIAN  Underline
ITE PLAINE	State or foreign country    15. (a) Informant John T. Durham	Of autopsy	w	ne cause to hich death hould be targed sta- stically.
WR	(b) Address	(d) Did injury occur in or about home		(State) hiic place?
	18. (a) Signature of funeral director. Scalman 4 4500.  (b) Address 3934 N. 20th St.  19. (a) Signature of funeral director. Scalman 4 4500.  (b) Address 3934 N. 20th St.  (b) Compared Embalmen's St.	While at work?  23. Signature  Address  Address	(M. D. br oth	10/-40

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	r bv	• •					
			•		•		
working under my personal supervision.	•	i r					
		1	$\sim$ 1	. ~	$\sim$		

Signed\_ Alfred 3. Bockefor-Licensed Embalmer No. 2663

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 embaimed, above space should be left blank.