No. 2
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34159
Registrar's No. 8856

NOV 16 1940

Registration District No. 791 | Primary Registration District No. 1003

1. PLACE OF DEATH
(a) County B
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Marys Infirmary
(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 Saint Louis
(If outside city or town limits write "RURAL")
(d) Street No. 4436 Garfield Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Beatrice Word
8. (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 Ernest Word
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Unavailable 1910 (Month) (Day) (Year)
8. AGE: Years Abt. 30 | Months | Days | If less than one day hr. min.
9. Birthplace Humbolt (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Laundress
11. Industry or business
MOTHER FATHER
12. Name John Riley
13. Birthplace Union City, Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Alberta French
15. Birthplace Nashville, Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Ernest Word
(b) Address 4436 Garfield Avenue
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/28/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Union City, Tenn.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) OCT 28 1940 (Date received by local registrar) (b) J. Hardesh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24, year 1940 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from , 19 , to October , 19 40
that I last saw her alive on October , 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death Aortic Insufficiency and mitral stenosis, with concentric cardiac hypertrophy; CONTRIB: Chronic Diffuse Nephritis.
Operation
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? (Specify type of place)
While at work? (e) Means of injury 5
23. Signature Alfred Geary (M. D. or other)
Address Lyndell Court Date signed 10/24/40

(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 A. T. Frost Jr., Registered Apprentice No. 265 working under my personal supervision.

Signed James A. Johnson Jr.

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.