

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **36787**  
Registrar's No. **9060**Registration District No. **791**Primary Registration District No. **1004**

## 1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**4225 A Enright Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **About 24 hours**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days **2**

## 8. (a) PRINT

FULL NAME **Acquilla Higgins**8. (b) If veteran, **No.**

8. (c) Social Security

name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex **Female**

5. Color or

race **Colored**

6. (a) Single, widowed, married,

divorced **Widowed**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

**Not Known**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

**About 61**

hr. \_\_\_\_\_

min. \_\_\_\_\_

9. Birthplace

**Cincinnati Ohio**

(City, town, or county)

(State or foreign country)

10. Usual occupation

**Housework**

11. Industry or business

**Not Known**

12. Name

**Ohio**

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

**Not Known**

15. Birthplace

**Ohio**

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

**Acquilla Higgins**

(b) Address

**3425 A Enright Ave.**

17. (a) \_\_\_\_\_

(b) Date thereof

**Nov 4th 1940**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

**Washington Park**

18. (a) Signature of funeral director

**A. L. Beal Und Co.**

(b) Address

**2726 Lucas Ave.**19. (a) **NOV 4 1940**

(b) \_\_\_\_\_

(Date received final)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
**St. Louis, Mo.**  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
**4225 A Enright**  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **31st**  
year **1940** hour **11** minute **40 P.** M.

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

Immediate cause of death

Duration

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) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_

23. Signature **Edmund J. [illegible]** (M. D. or other) \_\_\_\_\_  
Address **[illegible]** Date signed **11/9/40**

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**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 *Birdie Beal Anderson*

Licensed Embalmer No. *2929*

P. O. Address.....

**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.**