DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36906

Registration District No. 791 j | Primary Registration District No. 1003 | Registrar's No. 9179

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

(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 mo 9 das (Specify whether
In this community 21 years 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. 4111 Finney
(If rural, give location)

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

3. (a) PRINT FULL NAME Effie Dukes

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 UNKnown

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

7. Birth date of deceased UNKnown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
abt 55			hr. min.

9. Birthplace / (City, town, or county) Ark / (State or foreign country)

10. Usual occupation Maid

11. Industry or business

MOTHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) (State or foreign country)

FATHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mabel Lewis

(b) Address 4011 Finney

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 3 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

(b) Address 2929 Washington Ave

19. (a) NOV 8 1940 (Date received local registrar) (b) J. B. Burbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1940 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from Sept 19, 1940 to Oct 28, 1940
that I last saw her alive on Oct 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Adeno Carcinoma of Uterus	Abt 4mos
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? F (Specify type of place)

While at work? (e) Means of injury h

23. Signature Leon A. Smart (M. D. or other)

Address 2601 N Whittier Date signed 10/30/40

(Licensed Embalmer's Statement on Reverse Side)

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

6476

6476

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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 2829 Washington

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, fact should be so stated above.