DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37285

Registration District No. 791 Registration District No. 1003 Registrar's No. 9558

FILED DEC 12 1940

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3106 Thomas St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 In this community twenty two years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 21 (If outside city or town limits, write "RURAL") 0

(d) Street No. 3106 Thomas St. (If rural, give location)

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

3. (a) PRINT FULL NAME OLA WITHERS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Ben Withers

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Febuary (Month) 15 (Day) 1900 (Year)

8. AGE: Years 40 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Orange City (City, town, or county) Alabama (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name Isman Buford

13. Birthplace unknown (City, town, or county) Alabama (State or foreign country)

14. Maiden name Molly Jones

15. Birthplace unknown (City, town, or county) Alabama (State or foreign country)

16. (a) Informant's own signature (Mrs) Rosie Trice

(b) Address Scudder Ave. S. Kinloch Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Boyd Brothers

(b) Address 3704 Finney Ave.

19. (a) NOV 21 1940 (Date received local registrar) (b) J. B. Budesk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/10, 1940 to 11/18, 1940 that I last saw her alive on 11/18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

Duration: about 6 days

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 D. E. Taylor (M. D. or other)

Address 3136 Chouteau Date signed 11/18/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

1 X19511

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.