

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37300
Registrar's No. 9573

Registration District No. 791 Primary Registration District No. 1003

FILED DEC 7 1940
9088

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2315 Spruce (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Florence Truelove
8. (b) If veteran, name war _____ 8. (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 JAMES TRUOVE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased UNKWON (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 10 year 1940 hour 9:30 minute _____ PM.
21. I hereby certify that I attended the deceased from Nov 2, 1940 to Nov 10, 1940; that I last saw her alive on Nov 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Luetic Heart Disease Duration 2 yrs
Due to _____
Due to _____
Other conditions Subacute Nephritis 6 wks
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years abt. 55 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Memphis Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business HOUSE WORK
12. Name UNKNOWN
13. Birthplace UNK. (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNK. (City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant's own signature HANFORD STAYER
(b) Address 3844 PAGE AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 11 1940 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK
18. (a) Signature of funeral director Wm. Dajles
(b) Address 3033 1/2 1st St
19. (a) NOV 22 1940 (Date received local registrar) (b) J. J. [Signature] (Signature)

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) (e) Means of injury _____
23. Signature Edellie [Signature] (M. D. or other)
Address 2801 N Whittier Date signed _____

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.

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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

Malvin Blackburn

Licensed Embalmer No.

3962

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.