

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **87311**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9584**

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Enroute to Homer Phillips Hos,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 13 years.  
years, months or days)

MAILED DEC 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town St Louis Mo 21  
(If outside city or town limits, write "RURAL")  
1344 N Leffingwell Ave.  
(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 11 day 15  
year 1940 hour 10:45 minute 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 Suffocation by smoke,  
suffered in fire at home at 1344 No.  
Leffingwell Ave. m caused by putting  
Due to hot ashes in cardboard box about  
4:30 P.M., Nov. 15, 1940. Damage to  
Due to building \$500.00; contents \$150.00

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) Accident  
(b) Date of occurrence Nov. 15, 1940  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Home  
While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Jessie M. ... (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

8. (a) PRINT FULL NAME Emma Ardrey

8. (b) If veteran, No No name war \_\_\_\_\_  
3. (c) Social Security No. No

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Benj. Ardrey 6. (c) Age of husband or wife if Dead years

7. Birth date of deceased. Febr. 25 1881  
(Month) (Day) (Year)

8. AGE: Years 59 Months 28 Days 20 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

12. Name Alford Means

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

14. Maiden name Unknown

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

16. (a) Informant Mabel Radgus

(b) Address 1344 N. Leffingwell Ave.

17. (a) Burial (b) Date thereof 11-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadlington Pk. Cem.

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 3830 Stoddard St

19. (a) NOV 22 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

SS

**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 L. Bay,  
Registered Apprentice No. Myself,  
working under my personal supervision.

Signed Limino Bay  
Licensed Embalmer No. 294  
P. O. Address St. Louis, Mo.

**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.**