

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37458
Registrar's No. 9731

Registration District No. 791

Primary Registration District No. 1003

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: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Barbara Neal Acons

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Oct 1 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 24 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Eddie Acons
13. Birthplace Unk
(City, town, or county) (State or foreign country)
14. Maiden name Marie Rhodes
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Florence A. Spotts, Sec

(b) Address 2601 N Whittier

17. (a) Burial (b) Date thereof 11-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Alra Hamilton
(b) Address City Health Dept

19. (a) NOV 2 1940 (b) John Blalock
(Date of registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2829 Delmar
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1940 hour 10:10 minute _____ PM.

21. I hereby certify that I attended the deceased from Oct 1, 1940 to Oct 24, 1940
that I last saw her alive on Oct 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration 24 days

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy As above

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 GE Pearce (M. D. or other) _____
Address 2601 N Whittier Date signed 11-28-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.