No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 182

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 182

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

1. PLACE OF DEATH:
(a) County 3324 Lawton Ave
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3324 Lawton, Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 2117
(If outside city or town limits, write "RURAL")
(d) Street No. 3324 Lawton 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lizzie Higgins
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 19, 1874 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Kilmichel (City, town, or county) Miss 1 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)
16. (a) Informant Parris Higgins
(b) Address 3324 Lawton, Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas, Ave 8UW
19. (a) JAN 9 1941 (Date received local registrar) (b) J. F. Bredish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 41 hour 10 minute 30 A M.
21. I hereby certify that I attended the deceased from 1/2/41, 19..., to 1/5/41, 19...; that I last saw her alive on 1/5/41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	3 days
Due to	
Due to Chronic myocarditis	2 yrs.
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Vaughn C. Payne, M.D. (M. D. or other)
Address 3146 a Laclede Date signed 1/6/41

(Licensed Embalmer's Statement on Reverse Side)

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.