

4248 ✓

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 105

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Heach
(c) Name of hospital or institution: Royal Heach Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1323 Elliott
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME SADIE BEARFIELD

3. (b) If veteran, name war - 3. (c) Social Security No. none

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased 8 15 1923
(Month) (Day) (Year)

8. AGE: Years 17 Months 5 Days 1 If less than one day - hr. - min.

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

10. Usual occupation mil

11. Industry or business -

12. Name Louise Bearfield
13. Birthplace Miss
(City, town, or county) (State or foreign country)
14. Maiden name Rose Pough
15. Birthplace Miss
(City, town, or county) (State or foreign country)

16. (a) Informant ROSA BEARFIELD

(b) Address 1323 N ELLIOTT AVE

17. (a) Ship (b) Date thereof 1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POPE Miss

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JAN 17 1941 (b) R. M. M. M. M.
(Local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-1
1940, to 1-16, 1941;
that I last saw her alive on 1-15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Therapeutic operation

Due to Pulmonary Tuberculosis 2 years

Due to _____
Other conditions 13. B.
(Include pregnancy within 3 months of death)

Major findings: 13. B.
Of operations _____
Of autopsy _____

Duration

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? NO
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Edhaman (M. D. or other) D
Address Heach, Mo Date signed 1/16/41

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

9600

I X23159

REC'D JAN 28 1954

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. Boy
....., Registered Apprentice No. Mary
working under my personal supervision.

Signed Lorraine Boykins

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, fact should be so stated above.