DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4919

FILED MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1167

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

1. PLACE OF DEATH:
(a) County Mo.
(b) City or town ST. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer D. Phillips.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether
In this community 17 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 17
(c) City or town ST Louis 219
(If outside city or town limits, write "RURAL")
(d) Street No. 2018 O Fallon.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ~~[illegible]~~ years.

3. (a) PRINT FULL NAME Allie Pace.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife SAM
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased 6 (Month) 1 (Day) 1905 (Year)

8. AGE: Years 35 Months 7 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace JACKSON (City, town, or county) Missi (State or foreign country)
10. Usual occupation HousWork
11. Industry or business
FATHER
12. Name William Garner.
13. Birthplace (City, town, or county) Missi (State or foreign country)
MOTHER
14. Maiden name Dora
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant Sam Pace
(b) Address 2018 Fallon St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 6 (Day) 41 (Year)
(c) Place: burial or cremation Greenwood.
18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington
19. (a) FEB 4 1941 (Date received local registrar) (b) J. W. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1941 hour 5 minute 35 P M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency with Concentric Hypertrophy and dilatation — Duration
Due to Pericarditis with effusion Cicatrix
Due to Chronic Interstitial Nephritis
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? 644
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 2/4/41

(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.....

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, fact should be so stated above.