

No. 2  
4-13-40  
1-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **5056**

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **1304**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St Louis**  
(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 **1 mo 1 day**  
In this community **12 months**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL") **2217**  
(d) Street No. **1808 Papin**  
(If rural, give location) **9**  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **5**  
year **1941** hour **11:30** minute **A** M.

21. I hereby certify that I attended the deceased from **December 4**, 19**40**, to **February 5**, 19**41**,  
that I last saw her alive on **February 5**, 19**41**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Cervix** Abt **1 year**

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 **W. H. Smiley** (M. D. or other) **0**  
Address **2601 N Whittier** Date signed **2/8/41**

3. (a) PRINT FULL NAME **Willie B Sturghill**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **F** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lucious Sturghill** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased (Month) **6** (Day) **23** (Year) **1911**

8. AGE: Years **29** Months **7** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Grassylake** (City, town, or county) **Ark.** (State or foreign country)

10. Usual occupation **House Wife**

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

12. Name **George Jones**

13. Birthplace **Batesville** (City, town, or county) **MISS** (State or foreign country)

14. Maiden name **Mellie Henderson**

15. Birthplace **Batesville** (City, town, or county) **MISS** (State or foreign country)

16. (a) Informant **Julie B. Ellis**

(b) Address **1808 Papin St.**

17. (a) **Removal** (b) Date thereof **2-8-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eagle Ark.**

18. (a) Signature of funeral director **Gus Lowe**

(b) Address **FEB 9 1941 930 Dickson St**

19. (a) \_\_\_\_\_ (b) **J. H. Bredeck**  
(Date received local registrar) (Registrar's signature)

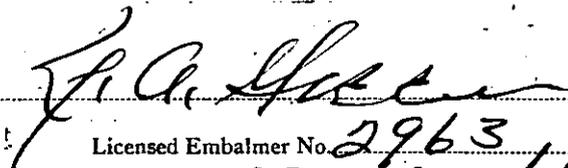
**STATEMENT BY LICENSED EMBALMER**

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. 2963

P. O. Address 2915 Franklin

**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.**