

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13234**
Registrar's No. **3664**

FILED MAY 13 1941

1003

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St Louis, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Homer G. Phillips 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Three days**
(Specify whether
In this community **11 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**
(c) City or town **St Louis 1721**
(If outside city or town limits, write "RURAL")
(d) Street No. **2713 1/2 Market 7**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24**
year **1941** hour **6** minute **55 A.M.**
21. I hereby certify that I attended the deceased from **4-21-1941** to **4-24-1941**
that I last saw her alive on **4-24-41** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart-Hypertension**
Due to **Arterio sclerosis 20yrs**

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

Major findings: Of operations _____
Of autopsy **AS**
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? _____

While at work _____ (Specify type of place) _____ (e) Manner of injury _____
23. Signature **Alfred J. ...** (Date of other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME **Matilda Doram**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F 3** 5. Color or race **col.** 6. (a) Single, widowed, married, divorced **W. 4**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 18 1860**
(Month) (Day) (Year)

8. AGE: Years **80** Months **10** Days **5**
If less than one day _____ hr. _____ min.

9. Birthplace **Columbia Mo 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **Anderson Johnson**

13. Birthplace **Mo 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie ?**

15. Birthplace **Mo 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lena P. Arthur**

(b) Address **2713 1/2 Market**

17. (a) **Removal** (b) Date thereof **4-27-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbia, Mo**

18. (a) Signature of funeral director **Edith Fung Home**

(b) Address **2820 2nd St**
19. (a) **APR 29 1941** (b) **Alfred J. ...**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

366A

366A

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

L. Boykin
Tomnie Boykin

Licensed Embalmer No. _____

2940

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.