

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15805
Registrar's No. 87

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH: ST. LOUIS
(a) County: KOCH
(b) City or town: KOCH
(c) Name of hospital or institution: ROBERT KOCH HOSP.
(d) Length of stay: 199 day
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: - 000
(c) City or town: ST. LOUIS
(d) Street No.: 510 So. LEFFINGWELL
(e) If foreign born, how long in U. S. A.: 1 LIFE years.

3. (a) PRINT FULL NAME: CLEORA PERSON
(b) If veteran, name war: No
(c) Social Security: Not employed

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: APRIL day: 21
year: 1941 hour: 6 minute: - A.M.

4. Sex: FEMALE
5. Color or race: NEGRO
6. (a) Single, widowed, married, divorced: SINGLE D
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: 2 - 24 - 10 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2, 1940 to APR 20, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years: 21 Months: 1 Days: 27
If less than one day: hr. min.

Immediate cause of death: Pulmonary Tuberculosis
Due to: -
Due to: -
Other conditions: -
Major findings: Of operations: -
Of autopsy: The Peritonitis, the Lymphadenitis, Infectious Tuberculosis.

9. Birthplace: CINCINNATI OHIO (City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWORK
11. Industry or business: -
12. Name: LEE PERSON
13. Birthplace: ? ? ?
14. Maiden name: FLORENCE TAYLOR
15. Birthplace: BROWNVILLE TENN. (City, town, or county) (State or foreign country)

PHYSICIAN: -
Underline the cause to which death should be charged statistically.

16. (a) Informant: PATIENT
(b) Address: 510 S. Leffingwell
17. (a) Burial (b) Date thereof: 4/24/41
(c) Place: burial or cremation: Cemetery

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?: -
(d) Did injury occur in or about home, on farm, in industrial place, in public place?: -

18. (a) Signature of funeral director: J. Harrison
(b) Address: 2906 Taylor
19. (a) APR 23 1941 (b) R. Meyer (Registrar's signature)

23. Signature: Samuel J. Kover (M. D. or other) Address: Robert Koch Hosp. Koch Mo Date signed: 4/22/41

(Licensed Embalmer's Statement on Reverse Side)

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

6

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.....

Myself

Registered Apprentice No.

working under my personal supervision.

*city license
#145*

Signed *Glenn E. Anderson*

Licensed Embalmer No. *4141*

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.