

S. No. 2
4-13-40
5-17-39
PI X23159

FILED JUN 25 1941

16773

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 4291

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2712a Cole Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULLNAME Celia Day

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Nov. 25, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
100 5 20 hr. _____ min.

9. Birthplace Mississippi /
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Williams

(b) Address 2712a Cole St.

17. (a) Burial (b) Date thereof 5-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) MAY 22 1941 (b) J. J. Brooks
(Date of local Registrar) (Registrar's signature)

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") 2119
(d) Street No. 2712a Cole Street
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1941 hour 6 minutes 2 M.

21. I hereby certify that I attended the deceased from 5-12-41
1941 to 5-16-41, 1941;

that I last saw him 5-14-41 alive on _____, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

chronic myocarditis

Due to _____

Due to hypertension chronic

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

1318

Major findings: _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. H. H. Jones (M. D. or other) D

Address 2811 1/2 Cal St Date signed 5-20-41

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

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17
9

17000011
alnoI .32
30043 of09 a2173

stnoI .32
30043 of09 a2173

val of09

0001 33 003

0001 33 003

03 8 003

Professional

117

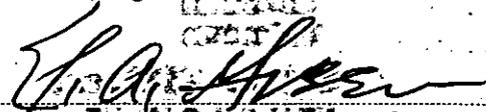
STATEMENT BY LICENSED EMBALMER

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

2715 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.