

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23486

FILED AUG 28 1941
791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5838

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:
2511 Arlington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2511 Arlington Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME **Anna B. Little**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **15**
year **1941** hour **9** minute **5** A.M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife..... **John Little** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **Apr. 23 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 15 1941** to **July 15 1941**
that I last saw her alive on **July 15 1941**
and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **2** Days **22** If less than one day hr. min.

Immediate cause of death..... **Coronary occlusion** Duration **1 day**
Due to..... **Chronic Myocarditis** 2 yrs

9. Birthplace..... **England** 4
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....

12. Name..... **Archibald Muirhead**

13. Birthplace..... **Scotland** 4
(City, town, or county) (State or foreign country)

14. Maiden name..... **Jeanne McCaullen**

15. Birthplace..... **England** 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Viola Soares**

(b) Address..... **2511 Arlington Ave.**

17. (a) **Burial** (b) Date thereof **7-18-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Bellefontaine Cem.**

18. (a) Signature of funeral director..... **Drehmann-Harral**

(b) Address..... **1906 Union Bldg.**

19. (a) **JUL 16 1941** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
[Signature]

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 *[Signature]* (M. D. or other) *[Signature]*
Address **Union Bldg** Date signed **July 16 1941**

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

1799

23486
6

Duration

1 day

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

3800

Kristin Bealy
9-10 AM,
1,30-3 PM

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..... *Warren A. Carver*

Licensed Embalmer No. *3534*

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.