

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23750

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6092

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4428 West Belle
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dorothy Mells

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

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy Mells 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased unknown (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1941 hour 5:05 minute A M.

21. I hereby certify that I attended the deceased from July 16, 1941, to July 20, 1941, that I last saw her alive on July 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Prob 5 years

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
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 J. W. Johnson (M. D. or other) _____
Address 2801 N Whittier Date signed 7-21-41

8. AGE: Years Months Days If less than one day
About 38 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Harrison Brooks
13. Birthplace Ark. (City, town, or county) (State or foreign country)

14. Maiden name Lottie Thomas
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Mells
(b) Address 4428 West Belle Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1941
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2725 Lucas Ave

19. (a) JUL 26 1941 (Date received local registrar) (b) J. W. Johnson (Registrar's signature)

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

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 *Arthur R. Heilliard*

Licensed Embalmer No. *4221*

P. O. Address *2648 Delmar*

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.