

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26563

State File No.

FILED SEP 17 1941

1003

Registrar's No. 6355

Registration District No. 791

Primary Registration District No.

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:
St. Mary's Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 19 days
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Ill. (b) County..... St. Clair
 (c) City or town..... E. St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 1841 Bond Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Josephine Hunter

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

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

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

7. Birth date of deceased..... Unknown 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 Unknown hr. min.

9. Birthplace Chester County S.C.
 (City, town, or county) (State or foreign country)

10. Usual occupation..... Teacher

11. Industry or business..... Elementary Schools

12. Name Alexander Kelsy

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

14. Maiden name Amanda Clark

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

16. (a) Informant W.F. Kelsy

(b) Address 820 W. Horah St. Salisbury, N.C.

17. (a) Removal (b) Date thereof 8/4/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Salisbury N.C.

18. (a) Signature of funeral director.....
 (b) Address 3517 S. Colde Ave

19. (a) AUG - 4 1941 (b) J. W. Redick
 (Date of local transfer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 8 day..... 7
 year..... 1941 hour..... 10 minute..... 30 P.M.

21. I hereby certify that I attended the deceased from.....
 19..... to..... 8/14/41 19.....
 that I last saw her alive on..... 8/14/41..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Sub-Phrenic Abscess

Due to..... UNDETERMINED

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..... William St. John (M.D. or other)
 Address..... 901 N. Occident Date signed..... 8/14/41

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

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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

J. M. Green

Licensed Embalmer No. 1175

P. O. Address 3517 S. Colorado

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.