

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

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH

MISSOURI STATE BOARD OF HEALTH

26814

SEP 17 1941 SEP 17 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6606

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Isolation Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7/28/41 to 8/11/41
(Specify whether _____)
In this community _____
years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2743 Delmar.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Helen Day.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased Nov. 29th 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 9 12 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name King Day.

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

14. Maiden name Rosa

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

16. (a) Informant Stella Grady

(b) Address 5600 Arsenal St.

17. (a) _____ (b) Date thereof AUG 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CREMATORY

18. (a) Signature of funeral director [Signature]

(b) Address City of St. Louis

19. (a) AUG 12 1941 (b) [Signature]
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th
year 1941 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from 7/28
1941 to 8/11 1941

that I last saw her alive on 8/11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction, administered for syphilis.
Duration _____

Due to _____
Due to _____

Other conditions Syphilis, primary
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy [Signature]

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 [Signature] (M. D. or other) [Signature]

Address 5600 Arsenal St. Date signed 8-12-41

(Licensed Embalmer's Statement on Reverse Side)

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

10
7
9

009
17
217

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.....

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.