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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27084

FILED SEP 17 1941

791

1003

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **6876**

**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:  
**Mo. Babbist Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **13 weeks**  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Maplewood**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3359 Commonwealth Ave.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Emma Earney**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **F** / race **W** 5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Lacey Earney** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 1st. 1850**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug** day **21st**  
year **1941** hour **10** minute **45**

21. I hereby certify that I attended the deceased from **Aug 8th** 1941, to **Aug 21st** 1941;  
that I last saw him alive on **Aug 21st** 1941;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>91</b>	<b>2</b>	<b>20</b>	hr. _____ min.

Immediate cause of death **Chronic myeloid leukemia** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to **Broken Hip**

9. Birthplace **Crawford Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Housewife**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **?**

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name **Agustas Moutray**

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

14. Maiden name **Dorcus Hopkins**

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence **Aug 20th Fall in Mine**

(c) Where did injury occur? **Steelville** (City or town) **Crawford** (County) **Mo** (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home** (Specify type of place) **028**

While at work? \_\_\_\_\_ (e) Means of injury **Fell**

16. (a) Informant **Laura E. Doyle**

(b) Address **Granite City Ill.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 24th**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Steelville Mo.**

18. (a) Signature of funeral director **Jay B Smith**

(b) Address **7456 Manchester Maplewood Mo.**

19. (a) **AUG 25 1941** (Date received local registrar) (b) **J. J. [Signature]** (Registrar's signature)

23. Signature **W. J. [Signature]** (M. D. or other) \_\_\_\_\_

Address **459 1/2 [Address]** Date signed **8/21/41**

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

W. W. Bennett  
49<sup>22</sup> Maryland

68896

**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 W. W. Bennett

Licensed Embalmer No. 4020

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.**