

No. 2  
4-12-40  
5-17-39  
X 23139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29766

FILED OCT 8 1941  
701

Registration District No.

Primary Registration District No.

1003

Registrar's No. 7104

20  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St Louis  
(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 1 mo 20 days  
In this community 24 1/2 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Kemp  
3. (b) If veteran, name war Unk  
3. (c) Social Security No. Unk

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if alive Unk years  
7. Birth date of deceased Dec 6, 1915  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 8 2 hr. min.

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

10. Usual occupation Nil

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

MOTHER FATHER { 12. Name Lloyd Vaughn  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Bettie Lou ?  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Plorence A. Speth, Secy  
(b) Address 2601 N Whittier

17. (a) Anatomical Board (b) Date thereof 8-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. Riddle  
(b) Address 3500 Rutledge

19. (a) SEP 2 1941 (b) J. B. Beck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL") 22 17  
(d) Street No. 2221 Eugenia  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8  
year 1941 hour 6:20 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 19, 1941, to August 8, 1941, that I last saw h. er alive on August 8, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Salpingitis ) About 6 mos  
Tuberculous Peritonitis )  
*lungs not involved*  
Due to Salpingitis probably gonococcus  
Due to in origin

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Of operations 15  
Of autopsy 5

Duration  
6 mos  
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 Scott R. Barrett  
Address 2601 N Whittier Date signed 8-11-41

**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.**