

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29769

Registration District No. 1791

Primary Registration District No. 1003

Registrar's No. 7107

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: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 21 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St Louis 21 19
(If outside city or town limits, write "RURAL")
(d) Street No. 3024 Lucas 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1941 hour 9:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from
August 27 1941 to August 31 1941
that I last saw her alive on August 31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypertension
Hypertensive Heart Disease
Duration
Unknown
"

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Lela Hargon

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 W

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

7. Birth date of deceased January 12, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 7 19 hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business Nil

12. Name William Thomas

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

14. Maiden name Fannie Bryant

15. Birthplace 9 22222
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Alpa Secy
(b) Address 2601 N Whittier

17. (a) (Burial, cremation, or removal) _____ (b) Date thereon 9-5-41
(Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director [Signature]
(b) Address 3635 West 10th

19. (a) SEP 2 1941 (b) [Signature]
(Date received local registrar) (Signature)

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 0

23. Signature J. W. Johnson (M. D. or other) _____
Address 2601 N Whittier Date signed 9-2-41

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.....

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.