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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33398

Registration District No. 791

Primary Registration District No. 100

Registrar's No. 8353

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:  
3441 Magnolia Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

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

3. (a) PRINT FULL NAME Mary Olivia Justice

3. (b) If veteran, name war No.

3. (c) Social Security No. None

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

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

7. Birth date of deceased Sept. 22 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 0 29 hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Isaac E. Brown

{ 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Hayward Justice

(b) Address 3441 Magnolia Ave.

17. (a) Removal (b) Date thereof 10/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paragould, Ark.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 21 1941 (b) J. F. Bredeck  
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Missouri (b) County 000  
19

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 9 17

(d) Street No. 3441 Magnolia  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21  
year 1941 hour 12:15 minute 0 M.

21. I hereby certify that I attended the deceased from 5/17/41 19\_\_\_\_ to 10/21 1941;  
that I last saw her alive on 10/20 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage.

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

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

Other conditions 8/2/41  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 8/2/41

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 John Sumner (M. D. or other) MD

Address 1504 So Grand Date signed 10/21/41

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

NOV 18 1950

**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 Albert G. Hoffe

Licensed Embalmer No. 2971

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.**