

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33587
8545
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 172
(d) Street No. 2828 Papin
(If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26, 1941
year..... hour 12 minute 55 A. M.
21. I hereby certify that I attended the deceased from Oct. 24, 1941
to October 26, 1941;
that I last saw her alive on October 26, 1941, at
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Hypertensive Heart Disease Prob. 4 yrs

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.

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 265 N. St. Charles Date signed 10-27-41

3. (a) PRINT FULL NAME Rosie Evans
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color Col 6. (a) Single, widowed, married Married
divorced
7. Birth date of deceased Mar 28 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>6</u>	<u>28</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name Collie Moore

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

14. Maiden name Collie Brooks

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

16. (a) Informant Collie Evans

(b) Address 2828 Papin St

17. (a) Burial (b) Date there of Oct 31/41
(Burial, cremation, or removal) (Month) (Day)

(c) Place: burial or cremation East St Louis

18. (a) Signature of funeral director J. W. Johnson

(b) Address 2915 Franklin Ave
St. Louis 15
19. (a) (Date received local registrar) (b) (Registrar's signature) J. W. Johnson

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

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. 2963

P. O. Address 2915 Franklin av

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.