

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36451

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8679

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 18 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 1217 R. S. 3rd
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Julia Howie

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased _____
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 27 1944 to Oct 28 1944 that I last saw her alive on Oct 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Duration 1 day

8. AGE: Years 51 Months Unknown Days Unknown If less than one day _____ min.

9. Birthplace Madison Paris Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Resturant

Due to Diabetes mellitus

Due to _____

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 58

MOTHER FATHER {

12. Name Marks Bolden

13. Birthplace Madison Paris Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Lula Chase

15. Birthplace Madison Paris Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant William Bruck

(b) Address 1254 So. Broadway

17. (a) Burial (b) Date thereof 11 3 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trachudickson

18. (a) Signature of funeral director A. J. Bruck

(b) Address 1941 3rd St. St. Louis

19. (a) Noted 1944 (b) A. J. Bruck
(Date received local registrar) (Registrator's signature)

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 S. E. Moore (M.D. or other) _____

Address 809 N. Jefferson Date signed 10/31/44

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.....

Louis V. Atkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finney

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.