V. S. No. 2
50M—1-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1942

State File No. 926 656

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

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 Phillips Hospital X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 800

(a) State Mo. (b) County 21 17

(c) City or town St. Louis, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 2836 Franklin Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Susan Tabbs

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Widow

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased F (Month) (Day) 1882 (Year)

8. AGE: Years 60 Months March Days 6 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business no

FATHER
12. Name no
13. Birthplace no (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace no (City, town, or county) (State or foreign country)

16. (a) Informant Martha Claburne
(b) Address 2836 Franklin ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

(d) Signature of funeral director T. Thomas
Address 2734 Sandiam

(e) (Date received local registrar) 1942 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19,
year 1942 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from January 16, 1942, 19, to January 19, 1942;
that I last saw her alive on January 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Arteriosclerosis	Unk.
Coronary Sclerosis	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)
Address 3601 Whittier Date signed 1/19/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ ——

[redacted] ——, Registered Apprentice No. ——,

working under my personal supervision.

Signed Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 3028 Dickson

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.