

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

Registrar's No. 939

1. PLACE OF DEATH:
 (a) County: St. Louis, Mo.
 (b) City or town:
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 11 yrs. 2 mos. 15 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: 000
 (c) City or town: St. Louis 23.17
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 1625 So. 2nd. St.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME: MAGGIE VINCENT
 3. (b) If veteran, name war: -
 3. (c) Social Security No.: -

20. DATE OF DEATH: Month Jan day 3
 year 1942 hour 12:10 P. minute P. M.

4. Sex: Female 5. Color or race: Col.
 6. (a) Single, widowed, married, divorced: Single
 6. (b) Name of husband or wife: Single
 6. (c) Age of husband or wife if alive: years
 7. Birth date of deceased: Feb. 9, 1917
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-1-41, 19... to 1-3-42, 19...
 that I last saw her alive on 1-3-42, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia-Right Lower
9-19-41
 Due to: Acute Otitis Media 12-7-41
 Due to: Congenital Lues 10-20-1930

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>10</u>	<u>25</u> hr. min.

9. Birthplace: St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation: Student

11. Industry or business:

MOTHER FATHER { 12. Name: Archie Vincent
 { 13. Birthplace: Unknown Unknown
 (City, town, or county) (State or foreign country)
 { 14. Maiden name: Mayme Armstrong
 { 15. Birthplace: St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant: R. Sleggsdorf
 (b) Address:

17. (a) Anatomical Road (b) Date thereof: 1-12-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Washington

18. (a) Signature of funeral director: W. J. ...
 (b) Address: 3000 ...

19. (a) JAN 30 1942 (b) J. F. ...
 (Date received local registrar) (Registrar's signature)

Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations: [Signature]
 Of autopsy: No. 24

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: N. J. Bubliss (M. D. or other)
 Address: 5400 Arsenal Date signed: 1-10-42

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.....

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.