

S. No. 2  
 1-1-4-41  
 5-17-39  
 X26390

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

4275  
 State File No. \_\_\_\_\_  
 1338  
 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 7 mos. 13 days  
Life  
(Specify whether years, months or days)  
 In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18000  
 (c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4018 Papin  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Amanda Douglas

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

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

7. Birth date of deceased: 10 - 14 - 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Nil

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

MOTHER FATHER { 12. Name Frank Hollis

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

14. Maiden name Emma Brown

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

16. (a) Informant Aurise Smith

(b) Address 4018 Papin

17. (a) Burial (b) Date thereof 2/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) FEB 13 1942 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9,  
 year 1942 hour \_\_\_\_\_ 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 27,  
1941 to February 9, 1942

that I last saw her alive on February 9, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Emboli (pulmonary & Cerebral)  
 Duration \_\_\_\_\_

Due to Carcinoma of Cervix (type IV) 3 years

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

Other conditions HO  
(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 D

23. Signature L. Boddie (M.D. initials)

Address 2601 Whittier Date signed \_\_\_\_\_

844 (Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

*Joel Russell*

Licensed Embalmer No.....

*4112*

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.**