

No. 2
9-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 12500
4051
Registrar's No.

FILED MAY 19 1942
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Mo.
(c) Name of hospital or institution
2742 Thomas St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days.
In this community years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) County
(c) City or town St Louis Mo.
(d) Street No. 2742 Thomas St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Virginia Clark

MEDICAL CERTIFICATION
May 5

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

20. DATE OF DEATH: Month May day 5
year 1942 hour minute 5 A. M.

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

21. I hereby certify that I attended the deceased from April 27, 1942 to May 5, 1942 that I last saw her alive on May 5th, 1942 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Widow
6. (c) Age of husband or wife if alive 14 years
7. Birth date of deceased 2 2 14 1879 (Month) (Day) (Year)

Immediate cause of death:
Cerebral Hemorrhage

8. AGE: Years 63 Months 2 Days 21
If less than one day hr. min.

Due to: Hypertension

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

Due to: S. J. ...
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Domestic

Major findings: Of operations
Of autopsy

11. Industry or business
12. Name Ed Smith
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Rodgers
(b) Address 2742 Thomas St

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 5 11 42
(c) Place: burial or cremation Greenwood Cem, Ellis Fun, Home

While at work? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director
(b) Address 2820 Stoddard St.

23. Signature J. J. ... (M. D. or other)
Address ... Date signed 5-7-42

19. (a) MAY 7 1942 (Date received local registrar)
J. J. ... (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 L. Boylston
....., Registered Apprentice No. My
working under my personal supervision.

Signed

Ronnie Boylston

Licensed Embalmer No.

P. O. Address

2946
St Louis Mo

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.