. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 19[illegible]

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

12740

State File No. 3992

Registration District No. 191 Primary Registration District No. 1003 Registrar's No.

**1. PLACE OF DEATH:**

(a) County

(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 Marys Infirmary 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 7 yrs years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St Louis 11 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4232 W Easton Ave 9 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Melneace Hull

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife Hobson

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb 17 (Month) 1903 (Day) (Year)

8. AGE: Years 39 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Calvert (City, town, or county) / Texas (State or foreign country)

10. Usual occupation Housework 133

11. Industry or business

FATHER
12. Name James Booker
13. Birthplace Union Town (City, town, or county) / Ala (State or foreign country)

MOTHER
14. Maiden name Minnie Starkey
15. Birthplace Unk (City, town, or county) / Ala (State or foreign country)

16. (a) Informant Hobson Hull

(b) Address 4232 W Easton ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J H Randle & Son

(b) Address 3133 Bell ave

19. (a) MAY 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Apr day 30 year 1942 hour 5 minute 5 P. M.

21. I hereby certify that I attended the deceased from Apr 28, 1942 to Apr 30, 1942 that I last saw her alive on Apr 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Peritonitis

Due to Left Pyonephrosis

Due to Non-calculous

Other conditions Uterine fibroid (Include pregnancy within 3 months of death) Non-malig

Major findings: Of operations Nant Non-Puerperal

Of autopsy Peritonitis Left Pyonephrosis

Duration

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 Leon A Smart 0 (M. D. or other)

Address 4069a Easton Date signed 5/4/42

## 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 S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouta

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**