

S. No. 2
M-9-4-41
v. 5-17-39
X2948A

16339

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **4309**

FILED MAY 29 1942

1003

Registration District No. _____

Primary Registration District 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: **Peoples Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)
In this community **Unavailable**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mississippi** (b) County _____
(c) City or town **Winona, Miss.**
(If outside city or town limits, write "RURAL")
(d) Street No. **310 Applegate St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lula Knox**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Jesse Knox** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **May 2nd 1898**
(Month) (Day) (Year)

8. AGE: Years **44** Months **0** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Starksville / Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business _____

12. Name **Monroe Burton**

13. Birthplace **Starksville / Mississippi**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Taylor**

15. Birthplace **Starksville / Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertha McMorris**

(b) Address **4022a Evans Ave.**

17. (a) **Removal** (b) Date thereof **5/16/1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Winona, Mississippi**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Ave.**

19. (a) **J. F. Bradeck** (b) **J. F. Bradeck**
(City or town) (State) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** 15th day
year **1942** hour **12:10** minute **a.** M.
21. I hereby certify that I attended the deceased from **April 26-42**
19. to **May 15th.** 19. **42**
that I last saw her alive on **May 14th.** 19. **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Insufficiency 6 mos**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? _____

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

23. Signature **Chas. J. Gates** (M. D. or other) _____
Address **4322a Easton Ave.** Date signed **5/15/42**

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

100
17
9

999
NR. 22
2

MOTHER FATHER

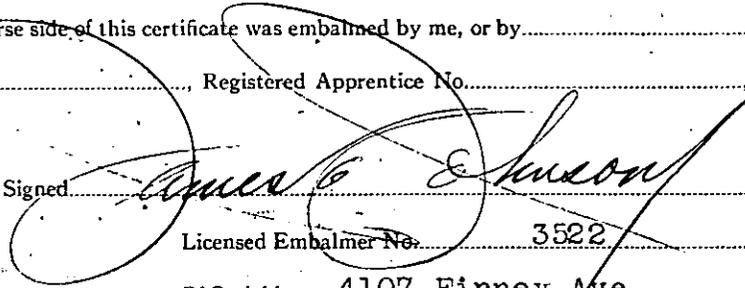
844

82-0140

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.....
James A. Johnson....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P.O. Address 4107 Finney Ave.

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.