

BUREAU OF THE CENSUS
FILED JUN 16 1942

STANDARD CERTIFICATE OF DEATH

16692

State File No. 4614

1003

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(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 1 Da. 3 Hrs. 38 Min
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2803 Thomas Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Stanford

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife it alive _____ years

7. Birth date of deceased 5 (Month)

7 (Day) 42 (Year)

8. AGE:

Years

Months

Days

If less than one day

NB

1 3 hr. 38 min.

9. Birthplace St. Louis (City, town, or county)

Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Earlie Howard

13. Birthplace Moorhead (City, town, or county)

Mississippi (State or foreign country)

14. Maiden name Siretha Pearl Johnson

15. Birthplace Memphis (City, town, or county)

Tennessee (State or foreign country)

16. (a) Informant Aster M. Sherard

(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof MAY 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director City Health Dept

(b) Address J. F. Medlek

19. (a) MAY 27 1942 (Date received local registrar)

(b) J. F. Medlek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8
year 42 hour 12 minute 15 a.m.

21. I hereby certify that I attended the deceased from 8:37 P.M.
5 - 8, 19 42 to 12:15 A.M. 5-8, 19 42
that I last saw her alive on 5-8, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration _____

Due to Unknown

Due to Unknown

Other conditions (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 _____

23. Signature DSM (M. D. or other)

Address 2601 N. Whittier St. Date signed 5-29-42

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

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17
9

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.