S. No. 2
—9-4-41
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PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20134

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5046

**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 Phillips Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 10 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000 17 21

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

(d) Street No. 2804 Delmar (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elvira Wisdom

3. (b) If veteran, name war No

3. (c) Social Security No. Nil

4. Sex Fem

5. Color or race Col

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

6. (b) Name of husband or wife Chester Wisdom

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 16, 1894 (Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Robert Phenix

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

14. Maiden name Amanda Jones

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

16. (a) Informant Cora Phenix

(b) Address 2336 R. Carr St.

17. (a) St. Louis, Mo. (Place of death) (b) Date thereof 6/19/42 (Month) (Day) (Year)

(c) Place burial or cremation Ev. St. Louis, Mo.

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Ave.

19. (a) JUN 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 1, year 1942 hour 12 minute 00 Midnight

21. I hereby certify that I attended the deceased from May 30, 1942 to June 1, 1942 that I last saw her alive on June 1, 1942 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Gastric Ulcer | Undet. |
| Late Syphilis | |
| Due to | |
| Due to | |
| 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? (Specify type of place)

While at work? (e) Means of injury O

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

Address 2801 Whittier Date signed 6-3-42

(Licensed Embalmer's Statement on Reverse Side)

## 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 P. M. Green

Licensed Embalmer No. 1175

P. O. Address 3517 Sacledeou

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

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