S. No. 2
I—1-4-41
. 5-17-39
P I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26095

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7207

104

1. PLACE OF DEATH:
(a) County St Louis
(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 8 Hrs. (Specify whether years, months or days)
In this community 8 Hrs.

2. USUAL RESIDENCE OF DECEASED: 606
(a) State Missouri (b) County 17
(c) City or town St Louis Mo. 218
(If outside city or town limits, write "RURAL")
(d) Street No. 3308 Hickory St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Annie Northington
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Col,
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Napolean Northington
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased U.N. (Month) 29 (Day) 1903 (Year)

8. AGE: Years 39 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Helena (City, town, or county) Ark. 1 (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name Tom Mooney
FATHER 13. Birthplace Helena (City, town, or county) Ark. 1 (State or foreign country)
MOTHER 14. Maiden name Ida Williams
MOTHER 15. Birthplace Phillip, s (City, town, or county) Bayou (State or foreign country)
16. (a) Informant Napolean Northington
(b) Address 3308 Hickory
17. (a) Ship (Burial, cremation, or removal) (b) Date thereof 8-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Helena Ark
18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St
19. (a) AUG 28 1942 (Date received local registrar) (b) J. T. Breech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day Aug, year 1942. hour minute 6 A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration
Due to Chronic Hypertrophic Myocarditis
Due to Chronic Parenchymatous Nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations No
Of autopsy Pending

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 Thomas F Allen (Coroner or other) 13
Address Deputy Coroner Date signed 8/27/42

(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~~ L Boy

....., Registered Apprentice No. My

working under my personal supervision.

Signed Lonnie Boyfin

Licensed Embalmer No. 2946

P. O. Address 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.