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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 4 1942 318

Primary Registration District No. 1003

Registrar's No. 7240

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 4 Days  
(Specify whether years, months or days)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri..... (b) County.....

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

(d) Street No. 3733 Lindell Bly'd.  
(If rural, give location)

(e) Citizen of foreign country?..... no...... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Alta P. Pew

3. (b) If veteran, name war..... none.

3. (c) Social Security No. none.

4. Sex Female..... 5. Color or race White..... 6. (a) Single, widowed, married, divorced, Widowed.....

6. (b) Name of husband or wife..... Clarence Pew. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Jan'y 28, 1870.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72.</u>	<u>7.</u>	<u>0.</u>	hr. min.

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

10. Usual occupation..... At Home.

11. Industry or business.....

12. Name..... Thomas Gray Pledge.

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

14. Maiden name..... Elizabeth Ann Edmonston.

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

16. (a) Informant..... W. E. Pledge.  
(b) Address..... 3733 Lindell Bly'd.

17. (a) Cremation...... (b) Date thereof..... 8/31/42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Oak Grove Crematory.

18. (a) Signature of funeral director..... C. R. Linton & Sons.  
(b) Address..... 7233 Delmar Bly'd.

19. (a) AUG 30 1942..... (b) J. F. Brudack  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August..... day..... 28......  
year..... 1942..... hour..... 6:34..... minute..... P..... M.....

21. I hereby certify that I attended the deceased from..... August 25,..... 19. 42 to..... August 28,..... 19. 42  
that I last saw h..... er alive on..... August 28,..... 19. 42  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Far advanced Carcinoma of Cervix with Metastasis to Vagina, Uterus, Bladder and Liver

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

009  
19'7  
9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....

Of autopsy..... As above

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)  
(c) Means of injury.....

23. Signature..... Robert H. Jones.....  
Address..... 1515 Lafayette Avenue. Day..... 8/29/42

*Handwritten signature*

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

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**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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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.**