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M—9-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

26304

State File No.

Registration District No. Primary Registration District No. Registrar's No. 7075

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

372

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: 2 2650. DELMAR. (REAR,)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Em Route City Hosp #2 (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County 21 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2650 DELMAR. Rear
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country No Attending Physician 0

3. (a) PRINT FULL NAME OFEALURE, WILLIAMS.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 3

5. Color or race COL.

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased SEPT. (Month) 21, (Day) 1915. (Year)

8. AGE:	Years	Months	Days	If less than one day
	26	10	29	hr. min.

9. Birthplace (City, town, or county) ARK. 1 (State or foreign country)

10. Usual occupation HOUSE WIFE. WORK.

11. Industry or business

FATHER
12. Name HARRISON HAMPTON
13. Birthplace (City, town, or county) ARK. 1 (State or foreign country)

MOTHER
14. Maiden name LIZZIE WARE
15. Birthplace (City, town, or county) ARK. 1 (State or foreign country)

16. (a) Informant EASTER FRANKLIN
(b) Address 2650 DELMAR. REAR

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof Aug 24, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK. CEM.

18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin ave

19. (a) AUG (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1942 hour 12 minute 15 P.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.

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to	
Due to 13	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Pending	
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 3

23. Signature Thomas F Callaway (M.D. or other)

Address Deputy Coroner Date signed 8/24/42

844 (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.....

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin 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.