

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31752
State File No. 8737
Registrar's No.

FILED NOV. 4 1942
Registration District No. 318

Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County ST Louis
(b) City or town _____
(c) Name of hospital or institution: Homer Phillips O
(d) Length of stay: In hospital or institution _____
In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST Louis
(d) Street No. 2356 PATT ST
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Bettie Boddie
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 19
year 1942 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from _____

4. Sex FEMALE 5. Color or race Col
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12-23-1872

that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death: Pulmonary Embolism
Cardiac Hypertrophy Fracture Right Femur
Arteriosclerosis suffered when deceased fell in home
unobscured manner on or about Sept 1 1942 exact time unknown

8. AGE: Years 69 Months 9 Days 26
If less than one day _____ hr. _____ min.
9. Birthplace Ashville N.C.

Other conditions (Include pregnancy within 3 months of death) 186
Major findings: Of operations _____
Of autopsy 18

10. Usual occupation DOMESTIC
11. Industry or business _____
12. Name UNKNOWN
13. Birthplace UNKNOWN
14. Maiden name McFINGTON
15. Birthplace UNKNOWN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 21 1942
(c) Where did injury occur? at home
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work _____ means of injury fall
23. Signature Alfred Perry (M. D. or other) _____
Date signed 10/21/42

16. (a) Informant Bettie Boddie
(b) Address 2356 PATT ST
(c) Place: burial or cremation Father Dickson Cnty
(d) Signature of funeral director Ellis Fun Home
(e) Address 2820 Stoddard St
(f) Date received local registrar Oct 21 1942
(g) Registrar's signature J. F. Dulick

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

MOTHER FATHER

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. Boep

....., Registered Apprentice No. my

working under my personal supervision.

Signed

L. Boep

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.