

V. S. No. 2
50M-5-42
Rev. 5-17-39
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31816

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9151**

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **13 days** (Specify whether
In this community..... **5 years**
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..... **221 So. Jefferson**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Bessie Chester**
(b) If veteran, name war..... **NONE**
(c) Social Security No..... **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **October** day..... **29,**
year..... **1942** ur..... **11** minute..... **30 P.** M.
21. I hereby certify that I attended the deceased from..... **October**
..... **16, 1942** to..... **October 29,** 19..... **42**
that I last saw her..... alive on..... **October 29,** 19..... **42**
and that death occurred on the date and hour stated above.

4. Sex..... **Female** 5. Color or race..... **col** 6. (a) Single, widowed, married, divorced..... **Widowed**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... **7** **4** **1912**
(Month) (Day) (Year)

Immediate cause of death.....
Lobar Pneumonia Duration **Prob. 14 days**
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 5 months of death)

8. AGE: Years Months Days If less than one day
30 **3** **26**
hr. min.

9. Birthplace..... **UNKNOWN** **MISSISSIPPI**
(City, town, or county) (State or foreign country)
10. Usual occupation..... **Laundress**

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
12. Name..... **Richard Palm**
13. Birthplace..... **Mississippi** /
(City, town, or county) (State or foreign country)
14. Maiden name..... **Cote**
15. Birthplace..... **Mississippi** /
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Christene Boston**
(b) Address..... **2836 R+C Clark**

17. (a) **REMOVAL** (b) Date thereof..... **11/1/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation..... **Shipped to Meridian Miss.**

18. (a) Signature of funeral director..... **Allyn Funeral Home**
(b) Address..... **215 So. Jefferson**
19. (a) **NOV 2 1942** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature..... **J. E. Smith** (M. D. or other)
Address..... **2601 W. Butler** Date signed..... **10/31/42**

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

(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.....

Sybil Watson

.....
Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.