S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4372

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1684

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 2218 Dickson

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 2218 Dickson (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SALLIE Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 5 (Day) 1841 (Year)

8. AGE: Years 101 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Peter Anderson
13. Birthplace (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Louiza McKa
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant Wm Garse

(b) Address 2218 Dickson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 22 (Month) (Day) 43 (Year)

(c) Place: burial or cremation Father Dickson ave

18. (a) Signature of funeral director F. A. Green

(b) Address 2815 Franklin ave

19. (a) FEB 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb 15 day year 1943 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 2-9- 1943 to Feb. 15, 1943; that I last saw her alive on Feb. 15- 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	7 days
Due to myocardial Degeneration	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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

23. Signature J. C. Sherard (M. D. or other)

Address 2702 Franklin Date signed 2-18-43

(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 F. A. Shaw

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin a

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.