

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 10 1943
378

Registration District No. Primary Registration District No. 1002 Registrar's No. 1927

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County 000
(c) City or town. St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 3416 Washington (If rural, give location) 921
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Smith
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 24,
year 1943 hour 11 minute 10 A. M.

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

21. I hereby certify that I attended the deceased from February 3, 1943, to February 24, 1943, that I last saw her alive on February 24, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
about 48 hr. min.

Immediate cause of death:
Lobar Pneumonia
Diabetes Mellitus
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN Unknown
Underline the cause to which death should be charged statistically.

9. Birthplace unknown (City, town, or county) (State or foreign country) 9
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Donaldson
(b) Address 1625 -2 Lucas Ave
17. (a) Burial (b) Date thereof Feb. 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street
19. (a) FEB 27 1943 (b) J. F. Budeck
(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. F. Budeck (M. D. or other) 2/26/43
Address 260 W. Whittell Date signed

WRITE PLAINLY - USE UNFADING INK - MAKE PERMANENT RECORD

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 Joel Russell
Licensed Embalmer No. 4119
P. O. Address.....

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.