S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

4815

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2168

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

**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: Peoples Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days) In this community 20 years

**2. USUAL RESIDENCE OF DECEASED:** 000 17 911

(a) State Mo (b) County

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

(d) Street No. 3746 Finney Rear (If rural, give location)

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

If yes, name country O

**3. (a) PRINT FULL NAME** Florence Stewart

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 18 (Day) 1900 (Year)

8. AGE: Years 42 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Ark. 1 (State or foreign country)

10. Usual occupation House work at Home

11. Industry or business

FATHER
12. Name John Henry
13. Birthplace (City, town, or county) Ark. 1 (State or foreign country)

MOTHER
14. Maiden name Kathreine Horn
15. Birthplace (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant Dorothy Oliver

(b) Address 1813 Cora ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 8 (Day) 1943 (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) MAR 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 3 year 1943 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from 2-25, 1943 to 3-3, 1943 that I last saw her alive on 3-3, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix — Duration 3

Due to

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 H. A. Merchant (M. D. or other)

Address Peoples Hospital Date signed 3-4-43

(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.....

Licensed Embalmer No. 7963

P. O. Address 2915 Franklin av

**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.**