V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7684

LED MAR 11 1943

Registration District No. 414

Primary Registration District No. 101

Registrar's No. 436

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis 0

(c) City or town So. Kinloch 0
(If outside city or town limits, write "RURAL")

(d) Street No. Mable & Carson
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME LaVina Prince

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race Colored 3

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife William Prince

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 12-2-1884 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Boonville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Eugene Prince
13. Birthplace ? (City, town, or county) Kan. / (State or foreign country)

MOTHER
14. Maiden name Effie Washington
15. Birthplace ? (City, town, or county) Some palce in South 9 (State or foreign country)

16. (a) Informant Louis Prince
(b) Address S Kinloch Park

17. (a) (Burial, cremation, or removal) (b) Date thereof 2-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director English Mt Co
(b) Address 2931 [illegible]

19. (a) FEB 23 1943 (Date received by local registrar) (b) C. D. McGuire MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-19-43 day
year hour 4:55 minute P. M.

21. I hereby certify that I attended the deceased from 2-13-43, 19 to 2-19-43, 19;
that I last saw her alive on 2-19-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration Week

Due to Hypertensive C-V disease c̄ decompensation — Years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy also Chr. Nephritis Arteriolarnephrosclerosis

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 0

23. Signature T. D. Spencer (M. D. or other) M. D.
Address St. Louis Co. Hospital Date signed 2-23-43

(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.....

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.