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. 8521

FILED MAR 25 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2558

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

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 1095

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

(d) Street No. 1532 Cole Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Alease Locust

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 Married

6. (b) Name of husband or wife Ezel Locust

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased [illegible] (Month) [illegible] (Day) [illegible]

8. AGE: Years 42 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Fairfield (City, town, or county) Tenn 1 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business Self

FATHER
12. Name Frank Bright
13. Birthplace Fayetteville (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Jennie
15. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Ezel Locust
(b) Address 1532 Cole St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. L. Beal Undtco
(b) Address 2726 Lucas Ave

19. (a) MAR 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14, year 1943 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 3, 1943 to March 14, 1943; that I last saw her alive on March 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Left Breast with metastases to skin of abdomen — Duration Abt. 2 yrs.

Due to

Due to 50

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 0

23. Signature C. R. Merry (M. D. or other)
Address 260 Whittier Date signed 3/15/43

(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 Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 4219 E. Garfield

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.