. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8829

State File No. 2735

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

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: 1020 Oak View Pl. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17 4 9
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1020 Oak View Pl. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edna Stough
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Louis Stough
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Jan. (Month) 8th (Day) 1890 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	53	2	13	hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name James M. Sullivan
13. Birthplace New Orleans (City, town, or county) 1 (State or foreign country)
MOTHER 14. Maiden name Bridget Harney
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs Laura Sullivan
(b) Address 4051 St Louis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 23-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director L. Mullen Und Co
(b) Address 5165 Delmar Blvd.
19. (a) MAR 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20 year 1943 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull Subdural hemorrhage of Brain when deceased jumped from bedroom window
Due to on third floor of her home 1020 Oak View Pl on March
Due to 20th 1943 exact time unknown while suffering from mental
Other conditions Alienation
(Include pregnancy within 3 months of death)
Major findings:
Of operations 1 Cut
Of autopsy

Duration

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) Suicide
(b) Date of occurrence Mar 20 1943
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 Home (Specify type of place)
While at work? No (e) Means of injury Jump from window
23. Signature Alfred Perry (M. D. or other)
Address Dr Perry Coom Date signed 3/22/43

(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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.