

**FILED MAY 7 1943 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **2971**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Isolation Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4/25/43 to 4/27/43**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2201 Park Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Barbara Sue Black.**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **White** 5. Color or race **Female** 6. (a) Single, widowed, married, divorced **Infant.**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 20th 1942.**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>1</b>	<b>1</b>	<b>7</b>	_____ hr. _____ min.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name **George Black.**  
 13. Birthplace **Elvins Mo.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Dorothy Redfern.**  
 15. Birthplace **Flat River Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Stella Grady.**  
(b) Address **5600 Arsenal St.**

17. (a) **MOTOR BURIAL** (b) Date thereof **4/30/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bonne Terre Missouri**

18. (a) Signature of funeral director **J. W. McLaughlin**  
(b) Address **2301 Lafayette**

19. (a) **APR 28 1943** (b) **J. J. Budeak**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27th**  
year **1943.** hour \_\_\_\_\_ minute **9:40 PM.**

21. I hereby certify that I attended the deceased from **April 25th**  
19 **43.** April **27,** 19 **43**  
that I last saw her alive on **April 27th** 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pertussis** Duration **1 mo.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Brain meningitis** **4 days**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Daniel Young** (M. D. or other) \_\_\_\_\_  
Address **St. Louis Isolation Hosp.** Date signed **4-28-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A 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

*Paul A. Keith*

Licensed Embalmer No.

*3612*

P. O. Address

*2317 Lafayette*

**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.**