. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11928

FILED APR 28 1943

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3715

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

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community About Ten Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County St. Louis 17 1

(c) City or town St. Louis, Mo 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4315 Cook Ave. 11
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Callie Brent

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 3 Negro

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased May (Month) 8 (Day) 1878 (Year)

8. AGE: Years ~~63~~ 64 Months 111 Days 111 If less than one day hr. min.

9. Birthplace Jackson, Miss. (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Adam Brant
13. Birthplace Canton, Miss. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Hughes Webb (daughter)
(b) Address 4315 Cook Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas J. Gates
(b) Address 4107 Finney Ave.

19. (a) APR 21 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19.
year 1943 hour minute 2. P M.

21. I hereby certify that I attended the deceased from 2-1-, 1943 to 4-19-, 1943
that I last saw her alive on 4-19-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left lung

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)
(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 G. A. Gaskins (M. D. or other)
Address 3200 Lucas Ave. Date signed 4-20-43

(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

William C. Mc. Dowall, Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 N. Taylor

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.