

S. No. 2
OM-2-43
5-17-38
1 X38697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAY 12 1943 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 4169

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis,
2029 Walnut 9 22
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Emma Irvin

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race C

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife FRANT

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

7. Birth date of deceased 3 4 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1,
year 1943 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 26,
1943 to May 1, 1943
that I last saw her alive on May 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage Duration 5 days

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

8. AGE: Years 66 Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Mound City Ill's 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name DICK ACKLAND

13. Birthplace Nashville TENN 1
(City, town, or county) (State or foreign country)

14. Maiden name BITTIE WILLIAMS

15. Birthplace Dresden TENN 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Fulton

(b) Address 2029 1/2 Walnut

17. (a) Funeral (Burial, cremation, or removal)

(b) Date thereof 5-5-43
(Month) (Day) (Year)

(c) Place: Brooks Washington Cemetery

18. (a) Signature of funeral director Bernice Lane

(b) Address 3103 Washington

19. (a) MAY 1 1943 (Date received local registrar)

(b) J. F. Brubaker (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

23. Where did injury occur? _____ (City or town) (County) (State)

_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. E. Smith (M. D. or other) _____

Address 2601 Waterloo Date signed 5/9/43

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldene

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.