

S. No. 2
FORM-2-43
5-17-39
1 X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3527

ED APR 23 1943 318
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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) (Specify whether

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. 5046a Page Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EUNICE GAZELLE PRESSLEY

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 11 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 1 8 _____ hr. _____ min.

9. Birthplace Sparta Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Office Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Pressley

13. Birthplace Sparta Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Udderholf

15. Birthplace Sparta Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Geraldine Pressley

(b) Address 5046a Page Ave.

17. (a) Removal (b) Date thereof 4/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) APR 23 1943 (b) J. F. Bradleek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13
year 1943 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from MARCH 22 1943 to APR. 13 1943
that I last saw h. ER alive on APR. 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis - pulmonary Duration _____

Due to _____
Due to _____

Other conditions Tuberculous peritonitis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Pulmonary Tuberculosis Tuberculous Peritonitis

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? _____

While at work? _____ (Specify type of place) (e). Means of injury _____

23. Signature JR Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed 4/14/43

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..... *Albert G. Hoffe*
Licensed Embalmer No..... *2971*
P. O. Address.....

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.