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DEPARTMENT OF COMMERCE  
 BOARD OF THE CENSUS  
 FILED APR 20 1943

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 3506  
 Registrar's No.

Registration District No. 24 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:  
 (a) County St Louis  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1815 Papin  
 (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 Missouri, (b) County St Louis  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1815 Papin St.  
 (If rural, give location)  
 (e) Citizen of foreign country? born U.S.O.F.A. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Georgia Taylor,

MEDICAL CERTIFICATION

3. (b) If veteran, name war none, 3. (c) Social Security No. ?

20. DATE OF DEATH: Month April day 7th,  
 year 1943. hour 2:30. minute 1. M.

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

21. I hereby certify that I attended the deceased from mail  
28, 1943 to April 6, 1943  
 that I last saw her alive on April 6, 1943  
 and that death occurred on the date and hour stated above.

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

Immediate cause of death Cerebral Hemorrhage

7. Birth date of deceased August 15th, 1888.  
 (Month) (Day) (Year)

Duration April 4

8. AGE:	Years	Months	Days	If less than one day
<u>54</u>	<u>7</u>	<u>22</u>		hr. _____ min.

Due to \_\_\_\_\_  
 Due to 33

9. Birthplace Dexington, Georgia.  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation House-wife,  
Domestic duties,

Major findings: artery sclerosis  
& angina

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

Of operations \_\_\_\_\_

12. Name J. Bernhardt,  
 13. Birthplace Georgia.  
 (City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name 1815 Papin St.  
 (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

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

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

16. (a) Informant Georgia Taylor  
 (b) Address 1815 Papin,  
Rural

(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?

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (c) Place: burial or cremation Dexington, Georgia

(Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director J. Bernhardt  
 (b) Address 2312 Thomas, St Louis,

23. Signature J. F. Bernhardt (M. D. or other)  
 Address 427 S. 18 Date signed 4-10-43

19. (a) APR 7 1943 (b) J. F. Bernhardt  
 (Date received local registrar's certificate) (Registrar's signature)

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

MOTHER FATHER

3508

3508

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..... *W. Houston, Jr.*.....

Licensed Embalmer No. *2266*.....

P. O. Address *2812, Thomas St.*.....

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.