

S. No. 2
M-5-42
5-17-39
X32873

12885

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 3 1943

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 3784

24

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:
1537A Franklin Ave
Greenwood Cem. Pky. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay in hospital or institution 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
1225

(c) City or town St. Louis 925
(If outside city or town limits, write "RURAL")

(d) Street No. 1537A Franklin Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
No (Yes or No)
Physician's name Attending Physician

3. (a) PRINT FULL NAME Amanda Tillis

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1943 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

4. Sex Female 5. Color or race Col

6. (a) Single, widowed, married, divorced, widow-
alive..... years

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Jan 10 1874
(Month) (Day) (Year)

Generalized arteriosclerosis
Senility

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

8. AGE: Years Months Days If less than one day

69 2 29 hr. min.

9. Birthplace Springfield Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business.....

MOTHER FATHER

12. Name Unknown

13. Birthplace Unkn. 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unkn. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Bledsoe

(b) Address 1537A Franklin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy.....

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 Thomas F. Cullen (M.D. or other) Deputy Coroner
Address..... Date signed 4-20-43

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 L Boykin
....., Registered Apprentice No. Imp
working under my personal supervision.

Signed Lomnie Boykin
Licensed Embalmer No. 2946
P. O. Address St Louis Mo

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.