

S. No. 2
M-5-42
7-5-17-39
E I X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19363

State File No.

Registrar's No. 5624

FILED JUN 30 1943 318
Registration District No. 1943

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, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 14 years

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. 1331 Cole St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Maggie Allen

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Aug 15 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 10 2 hr. min.

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

10. Usual occupation Landlady

11. Industry or business.....

MOTHER FATHER
12. Name William Greenlee
13. Birthplace unk Miss
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Saultsbury
15. Birthplace Keosauqua Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. W. H. Greenlee

(b) Address 3122 1/2 Clark ave

17. (a) Burial (b) Date thereof 6-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director H. R. Riddle & Son

(b) Address 3133 Beech ave

19. (a) JUN 20 1943 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17,
year 1943 hour 5 minute 23 A. M.

21. I hereby certify that I attended the deceased from June 15, 1943 to June 17, 1943;
that I last saw her alive on June 17, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Autopsy findings: Tuberculosis of Spleen; Lung; Liver and Kidney Unk.

Due to.....

Due to.....

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

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 S. E. Smith (M. D. or other).....
Address 2601 Whittier Date signed 6/19/43

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.....

Licensed Embalmer No.....

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.