

S. No. 2
DM-5-42
5-17-39
X32879

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19453

State File No.

5858

FILED JUL 3 1943

318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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 3 days
In this community 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3417 Delmar (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Leona Burnett

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

4. Sex Female 5. Color or race 3 Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased May 3rd 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name William Mosby

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

14. Maiden name Arucilla
(City, town, or county) (State or foreign country)

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

16. (a) Informant James Burnett

(b) Address 3417 Delmar Blvd

17. (a) Burial (b) Date thereof 6-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. P. Randle

(b) Address 3133 Bell Ave

19. (a) JUN 21 1943 (b) J. P. Randle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21, year 1943 hour 8 minute 17 P. M.

21. I hereby certify that I attended the deceased from June 18, 1943 to June 21, 1943; that I last saw her alive on June 21, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Duration Unk.

Due to 93

Due to 92

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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? 1

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

23. Signature J. P. Randle (M. D. or other) D
Address 360 W. Hill St Date signed 6/24/43

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

MOTHER FATHER

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

S. J. Watson

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.