7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19823

FILED JUN 19 1943

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5297

1. PLACE OF DEATH:

(a) County

(b) City or town Saint 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 7 wks (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9 11

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

(d) Street No. 4635 Evans
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Melba Mae Mc Grew

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Mc Grew

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased June (Month) 16 (Day) 1921 (Year)

8. AGE: Years 21 | Months 11 | Days 19 | If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Prentiss F. Moten

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

MOTHER 14. Maiden name Fannie Mae Walker

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

16. (a) Informant Fannie Mae Mitchell

(b) Address 9500 Natural Bridge, St Louis County

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Brk

18. (a) Signature of funeral director Boyd Brothers

(b) Address 3704 Finney Ave, St. Louis

19. (a) JUN 9 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1943 hour 8 minute 26 A.M.

21. I hereby certify that I attended the deceased from April 12, 1943, to June 5, 1943; that I last saw her alive on June 5, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral Bronchopneumonia (Secondary)	6 days
Due to: Basilar Meningitis	7 wks
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy — as above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D. ~~coroner~~) 4/5/43

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.