S. No. 2
M—2-43
5-17-39
I X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22340

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1390

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

6
8

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Koch Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 days (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2823 La Salle 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME MARY ELIZABETH BIZZLE
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Bizzle
6. (c) Age of husband or wife if alive [illegible] years
7. Birth date of deceased Aug. (Month) 31 (Day) 1911 (Year)

8. AGE: Years 31 Months 9 Days 10 If less than one day hr. min.

9. Birthplace # # # (City, town, or county) Alabama 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business # # #
FATHER
12. Name Bob Clay
13. Birthplace # # (City, town, or county) Alabama 1 (State or foreign country)
MOTHER
14. Maiden name Martha Head
15. Birthplace # # (City, town, or county) Alabama 1 (State or foreign country)
16. (a) Informant Koch Hosp. Records
(b) Address # #
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 17 43 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK CEMETERY
18. (a) Signature of funeral director A.L. BEAL Und Co.
(b) Address 2026 LUCAS AVE
19. (a) 6-15-43 (Date received local registrar) (b) C. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 9:15 minute A. M.
21. I hereby certify that I attended the deceased from 4-20, 1943, to 6-11, 1943
that I last saw her alive on 6-11, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	21 mo. (?)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 13 f 1

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 Bernard Friedman (M. D. or other) MD
Address Koch Hosp. Koch Mo Date signed 6-12-43

(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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4219 East Garfield

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.