

No. 2  
1-2.43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22341

State File No.

FILED JUL 10 1949

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1567

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 050  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 2854a Wyoming Ave.  
(If rural, give location) 1  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marguerite Black

3. (b) If veteran, name war None 3. (c) Social Security No. 492-20-1880

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorce

6. (b) Name of husband or wife Robert Black 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased June 1st 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 1 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Photographer

11. Industry or business Standard Photo Co.

12. Name Charles A. Sisler

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

14. Maiden name Stella McCallen

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

16. (a) Informant Stella Sisler

(b) Address 2854a Wyoming Ave.

17. (a) Removal (b) Date thereof 7-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Mo.

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 7-8-43 (b) C. D. McCallen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th  
year 1943 hour 1:55 minute A.M.

21. I hereby certify that I attended the deceased from June 26  
1943, to July 7, 1943;  
that I last saw her alive on July 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Haemiplegia  
Hypertension  
Chronic nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration  
1 day  
?  
?

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? \_\_\_\_\_

23. Signature Edmond Starnes (M. D. or other) \_\_\_\_\_  
Address 1704 T. Grant Date signed 7-8-43

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

6  
2  
3

707

(Licensed Embalmer's Statement on Reverse Side)

1509 of your case  
3635 Postmen Blvd 2458  
Triple 7 Club Home .. 3048

OCT 11 1955

**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 *Elmer D. McRae*  
Licensed Embalmer No. *3024*  
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.**