

V. S. No. 2  
OM-9-4-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **8368**

FILED SEP 28 1943  
Registration District No. **918**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**City Infirmary**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 Yrs 9Mo 26da**  
(Specify whether years, months or days)

In this community **56 Years** (Specify whether years, months or days)

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. **5800 Arsenal St.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Amelia Higgins**

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

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Unknown 1852**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **18**  
year **1943** hour **7:45** minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from **June 15** 19**43** to **Sept 18** 19**43**  
that I last saw her alive on **Sept. 17** 19**43**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**91** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death

**Chronic myocarditis**

Due to **Atherosclerosis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Duration **several years**

9. Birthplace **N.C.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Julius Stephenson**

13. Birthplace **N.C.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sophia Thompson**

15. Birthplace **N.C.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **M. Geasland**  
(b) Address **5800 Arsenal St.**

17. (a) **Burial** (b) Date thereof **Sept. 22 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Russell Untd. Co.**  
(b) Address **2732 Pine Street**

19. (a) **SEP 21 1943** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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 **John L. Linneman** (M. D. or other) \_\_\_\_\_  
Address **City Infirmary** Date signed **9/18/43**

**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..... *Joel Russell* .....  
Licensed Embalmer No. *4112* .....  
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.