

S. No. 2  
OM-5-42  
5-17-39  
PI X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30336

FILED OCT 2 - 1943 18

State File No. \_\_\_\_\_  
Registrar's No. 8470

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Home r G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days (Specify whether 0)  
In this community Unknown years, months or days (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 21  
(d) Street No. 3120 School St. (If rural, give location) 05  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 17  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eliza Sangston

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FE 3 5. Color or race COL 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife TOM SANGSTON age of husband or wife if alive 55 years

7. Birth date of deceased 7 17 1899  
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BROWNVELLE TENN  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business NONE

12. Name UNKNOWN

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

14. Maiden name CHARLIE, UNKNOWN

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

16. (a) Informant Adley B Miller

(b) Address 3120 SCHOOL ST

17. (a) BROWNVELLE (b) Date thereof 9. 24. 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BROWNVELLE TENN

18. (a) Signature of funeral director S. T. NESH

(b) Address 3847 Page Blvd

19. (a) SEP 24 1943 (b) J. J. Bruch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22,  
year 1943 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from September 12, 19 43 to September 22, 19 43;  
that I last saw h er alive on September 22, 19 43;  
and that death occurred on the date and hour stated above.

Immediate cause of death Status Epilepticus  
Ca. of Cervix with Metastasis to brain  
Due to brain

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) H/O

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

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 H. J. Green (M. D. \_\_\_\_\_)  
Address 260 Purcell Date signed 9/24/43

Duration 1 week  
Unk.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Embalmer's Certificate

State of New York

Health Department

Albany

Form No. 1

**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 *Ames A. Jones*.....

Licensed Embalmer No. *3522*.....

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.**