S. No. 2
I—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33401

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9274

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peoples Hosp. 3447 Pine St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days. (Specify whether In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 004 17 721

(a) State Mo. (b) County

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

(d) Street No. 2651 Pine St (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Josephine Oil

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife Joseph Oil

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Nov (Month) 18 (Day) 1879 (Year)

8. AGE: Years 63 ~~64~~ Months 11 Days 1 If less than one day hr. min.

9. Birthplace Bloomsdale (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Lejoy, Akin
13. Birthplace Bloomsdale (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Bamford
15. Birthplace Bloomsdale (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Louise Janis

(b) Address 4234 Easton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 23 (Day) 43 (Year)

(c) Place: burial or cremation Calvry Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 5 So. Jefferson

19. (a) OCT 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day 19th year 1943 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/5/ 1943, to 10/19/ 1943 that I last saw her alive on 10/18/ 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute intestinal obstruction.

Due to Omental adhesions.

Due to

Other conditions (Include pregnancy within 3 months of death) 122

Major findings:
Of operations
Of autopsy

Duration 12 days

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 Blair W. Carter (M. D. ~~[illegible]~~)

Address 2425 Biddle St. (6) Date signed 10/19/43.

(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 S J Watson

Licensed Embalmer No. 269 F

P. O. Address 2769 Chouteau

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.