

S. No. 2
M-244
5-17-33
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33163

State File No. _____

FILED OCT 27 1943 318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9249

1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 19 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3024 Lambdin
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Rambert

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

4. Sex Female 5. Color or Race Col. 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 28, 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Shelby, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business _____

12. Name Joseph West Buck Jr.

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

14. Maiden name Sarah West Buck

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

16. (a) Informant Mr. E. May Branch

(b) Address 44 81 Tanager Ave

17. (a) Burial (b) Date thereof Oct 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation father Dickson

18. (a) Signature of funeral director Henry Smith

(b) Address 4247 W. Shelby

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17, year 1943 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from October 7, 1943 to October 17, 1943; that I last saw him or alive on October 17, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis Duration 10 days

Due to Intra-?Abdominal Abscess, Pelvic
Cause not known

Due to _____

Other conditions (include pregnancy within 3 months of death) 139

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) _____ (c) Means of injury _____

23. Signature J. F. Brinded (M. D. or other) _____
Address 260 W. W. Miller Date signed 10/17/43

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*
Licensed Embalmer No. *2114*
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.