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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34355

X29484

FILED NOV 10 1943

Primary Registration District No. 3088

Registrar's No. 391

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

1. PLACE OF DEATH:
(a) County Ballaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Webster Groves, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 724 Holland Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Cecilia White
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 3
year 1943 hour 8:05 minute A M.

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 20 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-9 1943 to 10-3 1943
that I last saw her alive on 10-2 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 11 Days 13
If less than one day _____ hr. _____ min.

Immediate cause of death Cardio-Renal vascular disease
Due to Chronic myocarditis
Due to Generalized arteriosclerosis
Other conditions Syphilis
(Include pregnancy within 3 months of death)

9. Birthplace Talulah, Pa
(City, town, or county) (State or foreign country)
10. Usual occupation House work

Major findings:
Of operations _____
Of autopsy 309
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Amos Davis
13. Birthplace Pa
(City, town, or county) (State or foreign country)
14. Maiden name D.K.
15. Birthplace Pa
(City, town, or county) (State or foreign country)

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) (e) Means of injury _____

16. (a) Informant Mrs. Fannie Mc Clain
(b) Address 724 Holland Ave Webster Groves, Mo 64193
17. (a) Webster Groves (b) Date thereof Oct 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem
18. (a) Signature of funeral director Dr Lewis
(b) Address 2240 E. Webster Groves
19. (a) 10-4-1943 (b) Joseph Monastchoff
(Date received local registrar) (Registrar's signature)

23. Signature J. B. Stokan M.D. (M.D. or other)
Address Fulton, Mo Date signed 10/2/43

109W.92K

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 J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.)

2. If this body is not embalmed, fact should be so stated above.