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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 898

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 781

**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:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 11 2

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

(d) Street No. 1212a Missouri Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Rice

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored 3

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased October 11, 1857
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 2 | 18 | hr. min. |

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

10. Usual occupation

11. Industry or business Nil

FATHER
12. Name Phillis Townsend ~~Unknown~~
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phillis Townsend
15. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 27 1944
(Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Kerschman
(b) Address City Health Dept

19. (a) JAN 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 29, year 1943 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from December 16, 1943 to December 29, 1943; that I last saw her alive on December 29, 1943; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Autopsy: Bronchopneumonia | Terminal |
| Cholelithiasis with complete obstruction of Cystic Duct. | Unk. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

107

Major findings:
Of operations

Of autopsy

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 S. E. Smith (M. D. ~~or other~~)
Address 2601 Whittier Date signed 12/30/43

(Licensed Embalmer's Statement on Reverse Side)

WHITE PERMIT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

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