

S. No. 2
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Ev. 5-17-39
PI X35897

4931

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1782

FILED MAR 1 1944
Registration District No. 318

Primary Registration District No. 100

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

1. PLACE OF DEATH:
(a) County Homer, Mo.
(b) City or town St. Louis
(c) Name of hospital or institution Homer Phillips Hosp.
(d) Length of stay: In hospital or institution 3 days
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1817 Carr
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME TORANCE S. BOBOWNA
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 15
year 1944 hour 12:40 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race col
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife none (c) Age of husband or wife if alive none years
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____
8. AGE: abt 49 Years Months Days If less than one day _____ hr. _____ min.

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death: Cerebral Hemorrhage
Due to _____
Due to _____

MOTHER FATHER {
9. Birthplace Homer, Mo. La
10. Usual occupation Merchant La
11. Industry or business none
12. Name Hannie Brown
13. Birthplace La
14. Maiden name Hannie Linton
15. Birthplace La
16. (a) Informant Lucinda Billington
(b) Address 1817 Carr, St. Louis
17. (a) Burial (b) Date thereof 2-23-44
(c) Place: burial or cremation Washington Pk
18. (a) Signature of funeral director J. F. Thomas
(b) Address 724 1/2 Franklin Ave
19. (a) (Date received local registrar) FEB 23 1944 (b) (Registrar's signature) J. F. Thomas

Other conditions: 83
Major findings: 83
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? _____
(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 Thomas J. Collins (M. D. or other) _____
Address Deputy Coroner Date 2-23-44

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..... *Amelia A. Hudson*

Licensed Embalmer No..... *3522*

P. O. Address..... *3506 Franklin av*

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.