S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1944

Registration District No. 348

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5087

Registrar's No. 2126

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 1591 So. H. Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Manerva Farmer

3. (b) If veteran, name war No

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 Grant Farmer

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January (Month) 2, (Day) 1897 (Year)

8. AGE: Years 47 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Scooba (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation House work

11. Industry or business ft home

FATHER
12. Name Hal Georgia
13. Birthplace Scooba (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Ida Lipscomb
15. Birthplace Scooba (City, town, or county) Miss (State or foreign country)

16. (a) Informant Roberta Branch

(b) Address 1590 S H St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 (Month) 3 (Day) 44 (Year)

(c) Place: burial or cremation E. St. Louis

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Page Boul.

19. (a) MAR 3 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1944 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb. 25, 1944 to Feb. 27, 1944 that I last saw her alive on Feb. 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death = Coronary Occlusion

Due to — Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. Alpeck (M. D. or other)

Address 2316 Market St. Louis Date signed 3/2/44

(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~~ 3847 Page Boul, Registered Apprentice No. ....., working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2438

P. O. Address 3847 Page Boul.

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.