V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13371

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3655

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2727 Lucas Ave. (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 0 21

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

(d) Street No. 2727 Lucas Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Patsy Smith

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex F

5. Color or race Col

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) — (Day) — (Year)

8. AGE: Years About 64 Months — Days — If less than one day hr. min.

9. Birthplace Marysville, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Brant White
13. Birthplace Marysville, Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fannie Henderson
15. Birthplace Marysville, Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Russel

(b) Address 3712 Evans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 21 (Day) 44 (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Deal Undco

(b) Address 2726 Lucas Ave

19. (a) APR 20 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 16 year 1944 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from April 12 1944 to April 16 1944 that I last saw her alive on April 16 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to

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 [signature] (M. D. or other)

Address 823 N. 16 St. Date signed 4/18/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A D Richards

Licensed Embalmer No. 2928

P. O. Address 1625 Glasgow

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.