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

DEPARTMENT OF COMM
BUREAU OF VITAL STATISTICS
FILED JUL 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23450

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6395

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: Isolation Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-14-1944 to July 18, 1944. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2225 Menard Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Irene Staggs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 27, ~~1925~~ 1917 (Day) (Year)

8. AGE: Years 16 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation Factory Work

11. Industry or business

MOTHER FATHER

12. Name Odd Staggs,

13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

14. Maiden name Bessie Norton

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

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street

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

(c) Place: burial or cremation Leadwood, Mo.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 18 day year 1944 hour 5 minute 50P M.

21. I hereby certify that I attended the deceased from April 14, 1944 to July 18, 1944 that I last saw her alive on Muly 18, 1944, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Far advanced Pulmonary Tuberculosis — Duration 8 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

Signature Francis M. Pace (M. D. or other)

Address 5600 Arsenal Date signed

(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.....

Licensed Embalmer No.....3722.....

P. O. Address.....412 Duchouquette St.....

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.