

V. S. No. 2
00M-2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23466

State File No. _____
Registrar's No. 6300

FILED JUL 26 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1523 North 8th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town City of St. Louis 926
(If outside city or town limits, write "RURAL")
(d) Street No. 1523 North 8th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tillie Anna Stone
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13th
year 1944 hour 11:00 minute 45 a.m.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 2, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years Months Days If less than one day
52 4 11 hr. min.

Due to Chronic Underartical Nephritis
Due to Chronic Myocarditis
Other conditions (include pregnancy within 3 months of death) 121 a

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

10. Usual occupation housework
11. Industry or business at home

MOTHER FATHER { 12. Name Whiteaker
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Prst Violet V. Gunther
(b) Address Fordall Field, Fla.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-19-44
(Month) (Day) (Year)
(c) Place: burial or cremation St Matthews Cem

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? _____

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) Jul 17 1944 (b) J. F. Brooker (Registrar's signature)
(Date received local registration)

While at work? _____ (Specify type of place)
(c) Means of injury? _____
23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 7-17-44

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..... *Virgil L. Berryman*.....
Licensed Embalmer No..... *4018*.....
P. O. Address..... *St. Louis, Mo.*.....

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.