V. S. No. 2
100M—2-43
Rev. 5-17-39
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1067

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23520

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 006106

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: Homer G. Phillips
(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 Mo. (b) County 17

(c) City or town St. Louis 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4474 Cook Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Letitia Walker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 12 (Day) 1876 (Year)

8. AGE: Years 67 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Washington Murray
13. Birthplace (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name Millie Meredith
15. Birthplace (City, town, or county) Va (State or foreign country)

16. (a) Informant Lillian Fowler
(b) Address 4474 Cook Apt 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-44 (Month) (Day) (Year)
(c) Place: burial or [illegible] St. Peters Cemetery

18. (a) Signature of funeral director J. H. Harrison
(b) Address 2906 Laytos

19. (a) JUL 10 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day July
year 1944 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion Generalized Arterio-sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94

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 James J. Fitzmaurice Coroner (M. D. or other)
Address 1300 6 Park Date signed 7/8/44

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.