

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29302

FILED OCT 6 1944

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 8339

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Christian Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
(Specify whether  
In this community 43 years  
years, months or days)

3. (a) PRINT FULL NAME Irene E. Filkins

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 Married

6. (b) Name of husband or wife Augustus D. Filkins 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased December 29 - 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 0 If less than one day  
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Israel Day  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mercy Howland  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant I. Filkins

(b) Address 7037 LANNON, Houston Texas

17. (a) Removal (b) Date thereof 10-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia - Illinois

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address SEP 20 1944  
19. (a) (Date received local registrar) (b) J. Prudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson  
(c) City or town De Soto  
(If outside city or town limits, write "RURAL")  
(d) Street No. 109 E. Kelley St.  
(If rural, give location) NR.  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29,  
year 1944 hour 2 minute 5 a. m.

21. I hereby certify that I attended the deceased from Sept 19  
1944 to Sept 29 1944.

that I last saw her alive on Sept 29, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchobronchitis - 1 Duration 9-24-44

Due to 1/22

Due to 1/22

Other conditions 1st per termin - 1936  
(Include pregnancy within 3 months of death)

Major findings: Of operations — PHYSICIAN —

Of autopsy — 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) (e) Means of injury —

23. Signature Dorothy M. Almsick (M. D. or other)  
Address 4411 Newstead Ave. Date signed 9-29-44

(Licensed Embalmer's Statement on Reverse Side) St. Louis

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

079

6888

6888

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**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

*J. P. M. DeSoto*

Licensed Embalmer No. *3531*

P. O. Address *De Soto, 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.**