. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32139

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9277

1. PLACE OF DEATH:

(a) County St Louis Infirmary

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

(c) Name of hospital or institution:
ST. Mary Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Days (Specify whether years, months or days) 0

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

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

(d) Street No. 4425A. Easton Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Maggie Robinson Mumford Chelley

3. (b) If veteran, name war No

3. (c) Social Security No. No Card

4. Sex Female 3

5. Color or race Col.

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

6. (b) Name of husband or wife J.C. Chelley

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Oct. 1, 1907 (Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jimmie Lang
13. Birthplace Laurel Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pearl William
15. Birthplace Laurel Miss. (City, town, or county) (State or foreign country)

16. (a) Informant J.C. Chelley
(b) Address 4425 A. Easton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1944. (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Mississippi

18. (a) Signature of funeral director Wright's Funeral Home
(b) Address 3100 Easton Ave.

19. (a) NOV 1 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 29 day year 1944 hour 6:40 P.M.

21. I hereby certify that I attended the deceased from Oct 12 44 to Oct 29 44 that I last saw h alive on Oct 29 44 and that death occurred on the date and hour stated above.

Immediate cause of death Laceration Bladder with 2 months
Due to Puerperal Embolism
Due to

Duration

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

23. Signature J. T. Aldrich (M. D. or other)

Address 2635 Franklin Date signed 10-30-44

(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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard 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.