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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32190

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9029

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: De Paul Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community 44 years

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. 4005 N. 23rd Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME Mrs. Emma Dandridge
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 Mr. Leon Dandridge
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January (Month) 5 (Day) 1875 (Year)
8. AGE: Years 69 Months 9 Days 17 If less than one day hr. min.
9. Birthplace Cambridge (City, town, or county) Ohio (State or foreign country)
10. Usual occupation At Home
11. Industry or business
12. Name Noah Winnett (FATHER)
13. Birthplace (City, town, or county) Ohio (State or foreign country)
14. Maiden name Melissa (MOTHER)
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Henry Gerlach
(b) Address 6421 Hoffman
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 26 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Beidermieden F. H., Inc
(b) Address 1936 St. Louis Avenue
19. (a) OCT 24 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1944 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct 21 1944, to Oct 22 1944 that I last saw h[illegible] alive on Oct 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac failure	30 minutes
Due to	
Due to Virus pneumonia	72 hours
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. R. Finnegan (M. D. or other)
Address 539 N Grand Date signed Oct 23 1944

(Licensed Embalmer's Statement on Reverse Side)

Dr. Finnegan
539 N. Grand
1-5.00 p.m.

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.