V. S. No. 22
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35273

Primary Registration District No. 3063

Registrar's No. 2175

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: St. Louis Co. Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days) In this community: 3 Days.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: Robertson Mo. (If outside city or town limits, write "RURAL")

(d) Street No.: Fairyiew Park Mo. (If rural, give location)

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

If yes, name country: 1

3. (a) PRINT FULL NAME: Acie Ivy.

3. (b) If veteran, name war: No.

3. (c) Social Security No. 498-22-2503

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Mandy Ivy.

6. (c) Age of husband or wife if alive: 39 years

7. Birth date of deceased: 6 (Month) 30 (Day) 1910 (Year)

8. AGE: Years 34 Months 3 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace: Mississippi (City, town, or county) 1 (State or foreign country)

10. Usual occupation: Porter.

11. Industry or business: McDonald Aircraft

MOTHER FATHER

12. Name: Norah Ivy.

13. Birthplace: Clay Co. (City, town, or county) Miss. (State or foreign country)

14. Maiden name: Irene Chandler.

15. Birthplace: Clay Co. (City, town, or county) Miss. (State or foreign country)

16. (a) Informant: Mandy Ivy.

(b) Address: Robertson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 26 44 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Boyd Bro's Funeral.

(b) Address: Lixy Stanza St. Kinloch.

19. (a) OCT 26 1944 (Date received local registrar) (b) E. L. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th year 1944 hour 8:20 minute 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.

Immediate cause of death: From injuries received when struck by an automobile at McDonald Aircraft

Due to: factory, Lambert Field.

Due to: Fracture of the skull; Crushing injury of the

Other conditions: right & left lungs. (Include pregnancy within 3 months of death)

Major findings: Of operations: 170 C

Of autopsy: Yes.

Duration

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): Accident.

(b) Date of occurrence: October 18, 1944

(c) Where did injury occur? .1 mi. East of Hy #66 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Private driveway. (Specify type of place)

While at work? (e) Means of injury: 3

23. Signature: Samuel Drake Coroner (Coroner or other)

Address: Clayton, Mo. Date signed: 10-23-44

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(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1944

NOV 1 1944

OCT 1 1945

APR 2 1945

FEB 1 1951

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.