S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42117

Primary Registration District No. 6076

Registrar's No. 2381

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Hall Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 2 Mo's
years, months or 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. Hall Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Rosie Lee Lumpkins

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced U —

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 16 (Day) 1944 (Year)

8. AGE: Years — Months 2 Days 4 If less than one day — hr. — min.

9. Birthplace St. Louis Co. Hosp. (City, town, or county) U (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Joseph Lumpkins
13. Birthplace Shaw (City, town, or county) Miss (State or foreign country) 1

MOTHER
14. Maiden name Ledley George.
15. Birthplace Katiz (City, town, or county) Ky. (State or foreign country) 1

16. (a) Informant Joseph Lumpkins
(b) Address Hall Ave Robertson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 21 (Day) 44 (Year)
(c) Place: burial or cremation Washington Pk. Cem.

18. (a) Signature of funeral director Boyd Bros Funeral Home
(b) Address 3704 Finney Ave St. Louis Mo.

19. (a) 11/20/44 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) amd

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1944 hour 7:20 minute a M.

21. I hereby certify that I attended the deceased from Nov 18, 1944 to Nov 20, 1944 that I last saw her alive on Nov 19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhoea and Enteritis — Duration 2 days

Due to unknown cause.

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) none

(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 Will L Freeman (M. D. or other)
Address St Charles Mo Date signed 11-20-44

(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 ..... was not Embalmed ....., Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.