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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1945

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1958

Registration District No. 318 Primary Registration District No. 1008

Registrar's No. 1583

**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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14yr.5mos.11ds. (Specify whether
In this community years, months or days)

**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. 2011a O'Fallon St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME PAULINE WASHINGTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race col

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

6. (b) Name of husband or wife Garland Bryant (com.law)

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

7. Birth date of deceased 12/13/1900 (Month) (Day) (Year)

8. AGE: Years 44 Months Days 29 If less than one day hr. min.

9. Birthplace Stuttgart (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name George Washington

13. Birthplace Arkansas (City, town, or county) (State or foreign country)

14. Maiden name Muranda Taylor

15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Thelma A Dingler

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director McDowell

(b) Address 1711 N. Taylor Ave.

19. (a) FEB 18 1945 (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 12, year 1945 hour 5.00 minute P. M.

21. I hereby certify that I attended the deceased from August 1st, 1944, to Feb. 12, 1945 that I last saw her alive on Feb. 12, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death | |
| Due to Chronic Myocarditis | 5yrs.x |
| Due to Myocardial Degeneration | 5 yrs. |
| 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 A. K. Bunch (M. D. or other)

Address 5300 Arsenal Date signed 2/13/45

(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 William C. McDowell, Registered Apprentice No. _____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.**