U. S. No. 2
100M—2-43
Rev. 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 JUL 20 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21636

Registration District No. 818 Primary Registration District No. 1003

Registrar's No. 6027

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo.
In this community 8 years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis, 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2028 R. Cole
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Tempy Avant

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife dead

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

7. Birth date of deceased March (Month) 5th (Day) 1866 (Year)

8. AGE: Years 79 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Winona (City, town, or county) Mississppi (State or foreign country) 1

10. Usual occupation Housework

11. Industry or business at home

FATHER
12. Name Henry Tunner
13. Birthplace Winona (City, town, or county) Mississppi (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Dora Williams
(b) Address 2024 Cole st

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Winona, Mississppi

18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N. Taylor ave

19. (a) JUL 11 1945 (Date received local registrar) J. F. Breuer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8, year 1945 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 8, 1945, to July 8, 1945; that I last saw her alive on July 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of breast	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

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 0

23. Signature B. F. Murphy (M. D.)
Address 2601 N. Whitelock Date signed 7/9/45

(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, [redacted] ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Fulton E. Culkin

Licensed Embalmer No. 4498.

P. O. Address 4912 Fountain Av

St Louis 13 Mo.

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.