V. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21858

FILED AUG 11 1945

State File No.

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 68911

1. PLACE OF DEATH:

(a) County ~~1419 N. 13th St~~

(b) City or town St LOUIS MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillip
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-20 to 8-1-45 (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1419 N 13th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMMA DYE

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased 10 (Month) 23 (Day) 1883 (Year)

8. AGE: Years 61 Months 9 Days 9 If less than one day hr. min.

9. Birthplace New Albany, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name JIM MESP
13. Birthplace NEW ALBANEY MISS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SUSIE MESP
15. Birthplace NEW ALBANEY MISS (City, town, or county) (State or foreign country)

16. (a) Informant DOLLIE PIERCE
(b) Address 1418 PAPAN St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-1945 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director DAVIS & BROOM
(b) Address 1405 Biddle St

19. (a) AUG 6 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day Aug. year 45 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 5 10 1945 to 8 1945; that I last saw her alive on 8 2 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to	
Due to	
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. W. Wilkerson (M. D. or other)

Address 3200 Franklin Date signed

(Licensed Embalmer's Statement on Reverse Side)

0528

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 Chas L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834

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.