S. No. 2
DM—2-43
v. 5-17-39
I X39697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22306

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6578

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: 5501 Cabanne Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4205 E. Cook Ave. 9 11
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elida Mickens

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 Widowed 3

6. (b) Name of husband or wife George Mickens

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

7. Birth date of deceased June (Month) 21 (Day) 1861 (Year)

8. AGE: Years 84 Months 1 Days 0 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name James Loweree

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Cleotha Barrett

(b) Address 4205 E. Cook Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) JUL 27 1945 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1945 hour 11 15 minute 3 00 A.M.

21. I hereby certify that I attended the deceased from March 17 1945, to July 21 1945, that I last saw h alive on July 21 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency — Duration 6 months

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. T. Alderich (M. D. or other)

Address 7035 Murphy Date signed 7-26-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joel Russell

Licensed Embalmer No. 4112

P. O. Address St Louis 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.