S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24372

State File No. 24372

FILED JUL 26 1945

Registration District No. 583 Primary Registration District No. 3455 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 days (Specify whether years, months or days)

In this community 31 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County

(c) City or town Richmond Heights (If outside city or town limits, write "RURAL")

(d) Street No. 7926 Jones (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Vivian Faulkner

3. (b) If veteran, name war no

3. (c) Social Security No. None known

4. Sex female

5. Color or race colored

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 20th (Day) 1923 (Year)

8. AGE: Years	Months	Days	If less than one day
22	2	15	hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER 12. Name Urell Hinch

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

MOTHER 14. Maiden name Gladys Spamm

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State Sanatorium Mt. Vernon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Lee J. Bryant

(b) Address 3616-17 Easton Ave

19. (a) 7-6-45 (Date received local registrar) (b) Emily Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1945 hour 1:10 minute P.M.

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

Immediate cause of death — Duration

Pulmonary Tuberculosis — About 3 yrs

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 Charles A. Brasher (M. D. or other)

Address Mt Vernon, Mo Date signed 7-5-45

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 745-788
Date Filed JUL 24 1945

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 [signature]

Licensed Embalmer No. 2266

P. O. Address 2802 Thomas 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.