7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3861 St. 26026

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7543

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: Faith Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 9429-Tudor Avenue NR!
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Pemberton
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Troy
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Nov (Month) 15 (Day) 1911 (Year)
8. AGE: Years 33 Months 9 Days 13 If less than one day hr. min.
9. Birthplace Springdale (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John Benson
FATHER 13. Birthplace Springdale (City, town, or county) Ark. (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Troy Pemberton
(b) Address 9429-Tudor Ave-Overland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery
18. (a) Signature of funeral director Baumann Brother
(b) Address 2504-Woodson Rd-Overland
19. (a) AUG 29 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28 year 1945 hour 1 minute 00 A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw her alive on 8-28-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Post-Operative Shock	10 hrs
Due to: Post-Operative Hemorrhage	10 hrs
Due to: Subtotal Hysterectomy	12 hrs
Other conditions (Include pregnancy within 3 months of death): 5 hr	

Major findings: Of operations: Fibroid Uterus, Cystic Rt. Ovary
Of autopsy: None

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) None
(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 Nicholas Vitale (M. D. or other)
Address 3861 St Louis Ave Date signed 8/29/45

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.