V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31833

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9468

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

00 17 9

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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00
(c) City or town St. Louis 2117
(If outside city or town limits, write "RURAL")
(d) Street No. 2217 Carr St 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LUVENIA DUMAS

3. (b) If veteran, name war — —

3. (c) Social Security No. — —

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Samuel Dumas

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July (Month) 6 (Day) 1916 (Year)

8. AGE: Years 30 Months 3 Days 21 If less than one day — — hr. — min.

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

10. Usual occupation housewife

11. Industry or business — —

MOTHER FATHER

12. Name Andrew White 4

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

14. Maiden name Maggie Spaulding

15. Birthplace unknown (City, town, or county) (State or foreign country) a

16. (a) Informant Samuel Dumas

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Missouri Ord. Co.

(b) Address 2631 Gamble St.

19. (a) NOV 1 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1945 hour 9 minute 8 P M.

21. I hereby certify that I attended the deceased from 9-17, 1945 to 10-27, 1945; that I last saw her alive on 10-27-, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis — Duration: Unk

Due to

Due to

Other conditions Pelvic Peritonitis (post partal)
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)

(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 W. B. Bernard (M. D. or other)

Address 2601 N Whitelaw Date signed 10/30/45

(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. G. A. Green

Licensed Embalmer No. 2963

P. O. Address. 2915 Franklin

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.