S. No. 2
OM—2-43
v. 5-17-39
X35697

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

32107

State File No.

FILED OCT 19 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8597

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:
1443. No. 18th. Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2, Mo. 22, Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1443. No. 18th. Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Joan. Elouise. Liggins.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col.

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 July (Month) 9th (Day) 1945 (Year)

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

9. Birthplace ST. Louis (City, town, or county) MO. (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name James. McNear

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

14. Maiden name Johnie. Mae. Liggins.

15. Birthplace Marygold. (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Johnie Mae Liggins

(b) Address 2333 Chauto. Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director

(b) Address 2812. Thomas. Street.

19. (a) OCT 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1945 hour 3 minute 48 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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 (M. D. or other)

Address Date signed 10/3/48

(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 Chas. L. Stowell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.