

S. No. 2
FORM-5-43
Rev. 5-17-39
I 236671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35248**
Registrar's No. **9830**

FILED NO 183 1945

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Desloge Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1610 Carver Lane
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOYCE FENDER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color of race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 23 1945
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 P.M.
year 1945 hour 7 minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
			<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Roosevelt Fender

13. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name Carnal West

15. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Roosevelt Fender

(b) Address 1610 Carver Lane

17. (a) Burial (b) Date thereof Nov 16/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director J. A. Green

(b) Address 2915 Franklin ave

19. (a) NOV 17 1945 (b) _____
(Date received local registrar) (Registrar's signature)

Immediate cause of death Status Thymicus Lymphaticus

Due to _____

Due to W.H.

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Walter G. Perry (M.D. or other) _____

Address Desloge Date signed 11/13/45

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: *J. A. Sheer*
Licensed Embalmer No. *2963*
P. O. Address: *2915 Franklin Ave*

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.