. S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1946

State File No. 4161

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 247

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")
(d) Street No. 8770 Rose Av. 1
(If rural, give location)
(e) Citizen of foreign country? ~~(Yes or~~ No) 1
If yes, name country

3. (a) PRINT FULL NAME Ira Sturdivent
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Mary —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 3 (Day) 1869 (Year)

8. AGE: Years 76 Months 3 Days If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)
10. Usual occupation Caretaker
11. Industry or business
FATHER
12. Name Richard Sturdivent 1
13. Birthplace (City, town, or county) Mississippi (State or foreign country)
MOTHER
14. Maiden name Martha Magby
15. Birthplace (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Wadell Sturdivent
(b) Address 8770 Rose Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-46 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Father Dickson
18. (a) Signature of funeral director J. C. Lewis
(b) Address 22 Euclid Webster Groves
19. (a) 1-29-46 (Date received local registrar) (b) E. L. McGanan M.D. (Registrar's signature) M.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1946 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from January 22, 1946, to January 22, 1946; that I last saw him alive on January 22, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to 94a	
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 John T. Farrar (M. D. or other) M.D.
Address 601 Brentwood Blvd. Date signed 1/24/46

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

1960

76
2
3

(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 J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.