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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6972

FILED FEB 18 1946

Registration District No. 2 Primary Registration District No. 3066 Registrar's No. 359

96
4
3

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

59213

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town S. Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 227 New York St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town S. Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 227 New York St 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosie B. MASSEY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 3
5. Color or race C
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan (Month) 1 (Day) 1870 (Year)

8. AGE: Years 76 Months 1 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Manchester (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Hamm
13. Birthplace (City, town, or county) S Carolina (State or foreign country)
MOTHER
14. Maiden name Caroline Jordan
15. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country)
16. (a) Informant Pearlie Massey
(b) Address 227 New York St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Family cem. Dudgeon Rd
18. (a) Signature of funeral director John H. Humphrey
(b) Address 408 Dr. Gilmore Av Kirkwood
19. (a) 2-11-46 (Date received local registrar) (b) E. J. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1946 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from June 12, 1945 to Feb. 8, 1946 that I last saw her alive on Feb. 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2 yrs
93 R	
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 D. S. Eitz (M. D. or other) M.D.
Address Kirkwood Mo Date signed 2-9-46

(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. Haswell

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.