S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7103

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 444

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Fairview Ave Robertson 1 (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 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Robertson 0 (If outside city or town limits, write "RURAL")

(d) Street No. Fairview Ave 0 (If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Polly Hampton

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased 5 (Month) 8 (Day) 1873 (Year)

8. AGE: Years 72 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Gordan Chandler
13. Birthplace ? (City, town, or county) Miss! (State or foreign country)

MOTHER
14. Maiden name Martha ?
15. Birthplace ? (City, town, or county) Miss! (State or foreign country)

16. (a) Informant Sallie Amos

(b) Address Fairview Ave Robertson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 23 46 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk Cem.

18. (a) Signature of funeral director Boyd Bros Funeral Home

(b) Address Lip & Stanz So Kinloch Mo

19. (a) 2-23-46 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1946 hour minute 10 M.

21. I hereby certify that I attended the deceased from Oct. 13, 1945 to Feb. 14 1946 that I last saw her alive on Feb. 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis

Due 131b

Due to

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 [illegible] (M.D. or other)

Address S. Kinloch City Mo. Date signed 2-20-46

(Licensed Embalmer's Statement on Reverse Side)

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

6053

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 James A. Johnson

Licensed Embalmer No. 3322

P. O. Address 3704 Finney

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.