V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1946

1003

State File No. 15314

Registration District No. 318

Primary Registration District No.

Registrar's No. 3980

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 3 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 25 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1515 Franklin 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clara West

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 Married

6. (b) Name of husband or wife George West.

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased July, (Month) 12, (Day) 1920. (Year)

8. AGE: Years 25 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace Kansas City, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laundress

11. Industry or business

FATHER
12. Name Ben TolFree
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dora Henry
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant George West
(b) Address 1515 Franklin Ave.

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof MAY 1 (Month) (Day) 1946 (Year)

(c) Place: burial or cremation Pine Bluff, Ark.

18. (a) Signature of funeral director Dement and Son
(b) Address 2631 Cole St.

19. (a) MAY 1 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 30 day 30
year 1946 hour 2 minute 35 P M.

21. I hereby certify that I attended the deceased from April 22, 1946 to April 30, 1946
that I last saw her alive on April 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Post-operative Hysterectomy and Bilateral Salpingo-oophorectomy	Unk
Due to	
Due to	
Other conditions Pulmonary Embolism (Include pregnancy within 3 months of death)	Unk

Non-Puerperal

Major findings:
Of operations

Of autopsy No

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 L. E. Courtney (M. D. or other)

Address 2601 N Whittier Date signed 5/1/46

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.