

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X35671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 3 1946

STANDARD CERTIFICATE OF DEATH

18971

State File No.

4787

Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution
In this community
3. (a) PRINT FULL NAME
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased
8. AGE: Years Months
If less than one day
9. Birthplace
10. Usual occupation
11. Industry or business
12. Name
13. Birthplace
14. Maiden name
15. Birthplace
16. (a) Informant
(b) Address
17. (a) Burial
(b) Date thereof
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local Registrar)
(b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State
(b) County
(c) City or town
(d) Street No.
(e) Citizen of foreign country?
If yes, name country
MEDICAL CERTIFICATION
20. DATE OF DEATH: Month day year
21. I hereby certify that I attended the deceased from
that I last saw her alive on
and that death occurred on the date and hour stated above.
Immediate cause of death
Hypertensive Heart Disease
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work
Means of injury
23. Signature
Address
Date signed

Duration
Unk
PHYSICIAN
Underline the cause to which death should be charged statistically.

St. Louis
Missouri
St. Louis
917 N Channing
No
May 26
1946
3
55 A
M.
5-22
46
5-26
46
May 26
46
January 27, 1891
55
3
3 hr. 55 min.
Pine Bluff, Ark.
Domestic
L. T. Thompson
Unknown
Margaret Wallace
Pine Bluff, Ark.
Marshall Port
917 N. Channing Ave.
Burial
5/29/46
Greenwood Cemetery
Russell Und., Co.
2732 Pine Street
MAY 28 1946
J. J. Bredeck
2601 N Whittier St
5/27/46

(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

Joel Russell

Licensed Embalmer No.

4112

P. O. Address

St Louis

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.