

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22072**
5755
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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:
2227^A Hickory ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2227^A Hickory ST
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Laura Overton
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26
year 1946 hour 10 minute 45 A. M.
21. I hereby certify that I attended the deceased from 6/18/46
19..... to 6/26, 46 19.....
that I last saw her alive on 6/25, 46 19.....
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 52 years
Henry Favors
7. Birth date of deceased. March 20 1896
(Month) (Day) (Year)

Immediate cause of death.....
acute myocarditis
Due to Chronic myocarditis
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
50 3 6 hr. min.
9. Birthplace Auburn Ky
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

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?
While at work?..... (Specify type of place) (e) Means of injury.....

MOTHER FATHER
11. Industry or business.....
12. Name Paton Blakey
13. Birthplace Auburn Ky
(City, town, or county) (State or foreign country)
14. Maiden name Jane Hughes
15. Birthplace Auburn Ky
(City, town, or county) (State or foreign country)
16. (a) Informant Nannie Blakey
(b) Address 2227^A Hickory
17. (a) Burial (b) Date thereof. 7-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. Peter's Cem.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard ST.
19. (a) JUN 29 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature L. B. Wentzel (M. D. or other) MD
Address 2726 Chelsea Date signed 6/26/46

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

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 Fulton G. Culkin

Licensed Embalmer No. 198

P. O. Address Phenix B. M.

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.