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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

25731

FILED JUL 22 1946

STANDARD CERTIFICATE OF DEATH

State File No. 6195

Registration District No. 219

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

(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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether)
Unk (Specify whether)

In this community Unk
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 2/9

(d) Street No. 2931 Easton
(If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME Sally Simpson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1946 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 8, 1946 to July 10, 1946
that I last saw him alive on July 10, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 3

5. Color or race Col

6. (a) Single, widowed, married, 2 divorced Widows

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 1st 1872
(Month) (Day) (Year)

Immediate cause of death: Orthostatic Pneumonia - Lobar (left) Unk

Due to _____

Due to _____

Other conditions: 100
(Include pregnancy within 3 months of death)

8. AGE: Years 74 Months 4 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation unk

11. Industry or business _____

12. Name Unknown

13. Birthplace unk unk 9
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Brown

(b) Address 2931² Easton ave

17. (a) Burial (b) Date thereof 7-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. B. Budeck

(b) JUL 14 1946 J. B. Budeck

19. (a) _____ (b) J. B. Budeck
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature L. J. Lemar (M. D. or other) _____
Address 2601 N Whittier St Date signed 7-12-46

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 *J. J. Phatson*

Licensed Embalmer No. *2698*

P. O. Address *2749 Cambridge*

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.