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Rev. 5-17-39
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25779

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **6563**

FILED AUG 5 1946
318

Registration District No. _____ Primary Registration District No. _____

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

(d) Length of stay: In hospital or institution 1 day; 3 hrs
(Specify whether)

In this community 6 yrs
(years, months or days)

3. (a) PRINT FULL NAME Bessie Taylor

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 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 February 4 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>5</u>	<u>19</u>	hr. min.

9. Birthplace Whiteville, TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business _____

12. Name Alex. Harvey

13. Birthplace Whiteville TENN.
(City, town, or county) (State or foreign country)

14. Maiden name Eva Mitchell

15. Birthplace Whiteville TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant Rogers Norment

(b) Address 917 1/2 So. Spring Ave.

17. (a) Burial (b) Date thereof 7/29/46
(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) JUL 25 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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. 2243 Chouteau
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 22, 1946 to July 23, 1946
that I last saw her alive on July 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, Bilateral, Confluent

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? _____ (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 _____

23. Signature L. J. Seman (M. D. or other) _____

Address 2601 N Whittier St Date signed 7-25-46

Duration Unk

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

24633

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

L. Boyler
my

Registered Apprentice No. _____

working under my personal supervision.

Signed

Lomnie Boyler

Licensed Embalmer No. _____

2946

P. O. Address _____

St Louis MO

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.