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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** SEP 24 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 184357

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County Saint Louis  
(b) City or town So. Kinloch  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Scudder Ave near Carson Rd 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 26 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St Louis 96  
(c) City or town So. Kinloch, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Scudder Ave n Scudder (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PEARLINA ROYSTER  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. 499-031-9380

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9 day 4th  
year 1946 hour 4 minute 20 A.M.

4. Sex FEMALE 5. Color or race Col.  
6. (a) Single, widowed, married, divorced DIV  
6. (b) Name of husband or wife FRANK ROYSTER  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased July 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 9 1945 to Sept 3rd 1946  
that I last saw her alive on 9-3-46 and that death occurred on the date and hour stated above.  
Immediate cause of death: Cancer of breast Duration 8 years

8. AGE: Years 52 Months 2 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to 50

9. Birthplace Mound Bayou Miss  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

11. Industry or business own Home

Of autopsy \_\_\_\_\_

12. Name George Benson

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name HESTER Barnes

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant A.C. WALLS  
(b) Address So. Kinloch, Mo

17. (a) Burial (b) Date thereof 9-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park  
18. (a) Signature of funeral director Soyd Bros  
(b) Address Box 240, So. Kinloch, Mo  
19. (a) 9-10-46 (b) Ruth S Reeler  
(Date received local registrar) (Registrar's signature)

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 J. D. Dyer (M. D. or other) \_\_\_\_\_  
Address So. Kinloch, Mo Date signed 9-9-46

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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.....  
*Lawrence E. Wadsworth*

Licensed Embalmer No.....*4341*

P. O. Address.....*St. Louis 13 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.