

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS  
**FILED** OCT 16 1946  
63156-318

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

35749  
State File No. \_\_\_\_\_  
Registrar's No. **8519**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State ARKANSAS  
(b) County \_\_\_\_\_  
(c) City or town WEINER  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
Memorial (If rural, give location) NR.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOTTIE WORDEN  
3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 1st  
year 1946 hour 6:50 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from 19/29/46  
\_\_\_\_\_ 19\_\_\_\_ to Oct. 1st 19\_\_\_\_ 46  
that I last saw her alive on Oct. 1st 19\_\_\_\_ 46  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife HARVE G  
6. (c) Age of husband or wife if alive 57 years

Immediate cause of death \_\_\_\_\_  
Cerebro-vascular accident  
Left Intracerebral hemorrhage  
Due to Hypertensive Cardiovascular disease  
Duration 3 Days  
Due to \_\_\_\_\_ ?

8. AGE: Years 52 Months 4 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace ARKCOLA ILL  
(City, town, or county) (State or foreign country)  
10. Usual occupation HOUSEWIFE  
11. Industry or business \_\_\_\_\_  
12. Name WILLIAM HOLLAND  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
16. (a) Informant MR. PETE ROBERTS  
(b) Address 1026 MORRISON AV.  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-5-1946  
(Month) (Day) (Year)  
(c) Place: burial or cremation WEINER ARK.  
18. (a) Signature of funeral director LANGFORD'S FUNERAL HOME  
(b) Address JONESBORO, ARK.  
19. (a) OCT 3 1946 (Date received local registration) J. F. Brudeck (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)  
Memorial injury 10/2/46  
23. Signature George Lafayette (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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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..... *John Ketter* .....  
Licensed Embalmer No..... *3880* .....  
P. O. Address..... *4355 Washington Ca* .....

**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.**