. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39179

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9603

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1926 O'Fallon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community About 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0
(c) City or town St. Louis 2 1 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1926 O'Fallon 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ida Verner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased May (Month) 31, (Day) 1888 (Year)

8. AGE: Years 58 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Henry Beeks
13. Birthplace Aberdeen, Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah ?
15. Birthplace Aberdeen, Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Evergreen Hopson
(b) Address 1926 O'Fallon St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Tupelo, Miss.

18. (a) Signature of funeral director G. O. Nash
(b) Address 3847 Page

19. (a) NOV 12 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 8, year 1946 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from March 30, 1946 to Nov, 8, 1946 that I last saw her alive on Nov 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Pneumonia	2 wks.
Due to Carcinomatosis, Abdominalis	6 mos
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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? — (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Leon A. Smartine (M. D. or other)
Address 4069a Easton Date signed 11/9/46

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Nosh

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.