

S. No. 2
M-5-43
5-17-39
I X36671

State File No. _____

FILED DEC 24 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10608**

1. PLACE OF DEATH:
 (a) County **ST. LOUIS, MO.**
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3720 COZENS
 (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 **Mo.** (b) County _____
 (c) City or town **St. Louis, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3720 Cozens**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **TERRY JEAN BOKER**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **12** day **7**
 year **1946** hour **7** minute _____ P.M.

4. Sex **FEMALE** 5. Color or race **NEGRO**
 6. (a) Single, widowed, married, divorced **0**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **NOV. 5 1942**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec. 3, 1946** to **Dec. 7, 1946**
 that I last saw her **alive on Dec. 7, 1946**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
4 **1** **2** _____ hr. _____ min.

Immediate cause of death
Submucous Laryngitis
Congestion of Larynx

9. Birthplace **ST. LOUIS MO. A**
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation _____

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

11. Industry or business _____
 12. Name **LEAMON BOKER**
 13. Birthplace **NEWTON, MISS.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **AUGUSTINE BIBLE**
 15. Birthplace **ST. LOUIS, MO.**
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 105

16. (a) Informant **ETTA LEE BOKER**
 (b) Address **3720 COZENS**
 17. (a) **BURIAL** (b) Date thereof **Dec. 12, 1946**
 (City, town, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **ST. PETERS CEMETERY**
 18. (a) Signature of funeral director _____
 (b) Address **2931 Kuchars**
 19. (a) **DEC 11 1948** (b) **J. P. Bredbeck**
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature **Moural N. Little** M. D. or other **M.D.**
 Address **3167 Sheridan** Date signed **12-9-46**

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

40969

MOTHER FATHER

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 Burlean English
Licensed Embalmer No. 4208
P. O. Address 2931 Lucas, Wc

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.