

No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19118
State File No. 5426
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis MO
(b) City or town St. Louis MO
(c) Name of hospital or institution Hosp = 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Louis MO
(c) City or town St. Louis MO
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 N. 71st St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Geneva McKenney

MEDICAL CERTIFICATION

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

20. DATE OF DEATH, Month April day 230 year 1947 hour 4 minute pm M.

4. Sex Female
5. Color Negro
6. (a) Single, widowed, married divorced

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive at 18 years

Immediate cause of death
Cause of death: PNEUMONIA (Right)

7. Birth date of deceased (Month) (Day) (Year)

Due to: Latex Pneumonia (Left)

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

Other conditions (Include pregnancy within 3 months of death)
Hosp.

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

Major findings: Of operations
Of autopsy

10. Usual occupation

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

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Date of death (Month) (Day) (Year)

17. (a) Place: Burial or cremation (b) Date of death (Month) (Day) (Year)

18. (a) Signature of funeral director (b) Address (c) Date received local registrar (d) Signature (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 (Physician's signature) Date signed

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

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.....

Harry H. Mattox....., Registered Apprentice No. *501*
working under my personal supervision.

Signed *Wm G Kopper*

Licensed Embalmer No. *2971*

P. O. Address.....

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.