

S. No. 2
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5-17-39
P. 1. X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19293
State File No. _____
Registrar's No. 5249

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")
(d) Street No. 8717 E. Pendleton Ave. 1
(If rural, give location)
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ZEPHA ROARK
3. (b) If veteran, name war None
3. (c) Social Security No. 331-18-9492

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ralph
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Oct. 30, 1920
(Month) (Day) (Year)

8. AGE: 26 Years 6 Months 26 Days If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Carl M. Umphenour
13. Birthplace Mahamet Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Rehberg
15. Birthplace Danville Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Roark
(b) Address 8717 E. Pendleton, Brentwood, Mo.

17. (a) Burial (b) Date thereof May 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem. Washington

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) MAY 27 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1947 hour 2:15 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from 12/5 1940 to 5/26 1947;
that I last saw h. er alive on 5/25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Prolonged shock 36 hrs
Post partum hemorrhage 36 hrs.
Atonia of uterus - Preeclampsia 3 mos.
Polyhydramnios
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations Atonia uterini large
Soft uncontracted - proved
28 hrs before death.
Of autopsy Tome Liver & Spleen
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? No

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature John H. King MD (M. D. or other) JK
Address 671 E. Big Bend Rd Date signed 5/26/47

(Licensed Embalmer's Statement on Reverse Side)

Weldie Groves, M.D.

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

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 W. R. Burgess

Licensed Embalmer No. 4029

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.