

No. 2
-1/47
17-39

2315

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED JAN 30 1948

604

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Mo
(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:
H.W.O.W. Washington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford 28
(c) City or town Cuba
(If outside city or town limits, write "RURAL")
(d) Street No. Rural, 6 Miles West of Cuba
(If rural, give location)
(e) Citizen of foreign country? U.R. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hattie B. Bridgeman

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

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced. M. /
6. (b) Name of husband Calvin Bridgeman 6. (c) Age of husband 61 if alive 61 years
7. Birth date of deceased. March 20 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 10 1 ..hr.min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Final Chandler 0

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

14. Maiden name Esther Jane Meiner 0

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

16. (a) Informant Calvin Bridgeman

(b) Address Cuba Mo.

17. (a) Burial / cremation Date thereof Jan 19 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tinder Cemetery

18. (a) Signature of funeral director Shandin Funeral Home
(b) Address Cuba Mo.

19. (a) JAN 20 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1948 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from October 19, 1947
to January 8, 1948
that I last saw h. ER alive on January 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of cervix
Duration

Due to.....

Due to.....

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

Major findings: Of operations not done

Of autopsy not performed

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.....

Signature Masauki Hara (M. D. or other).....
Address Bernard Hospital Date signed 1/29/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Not Embalmed

Signed.....

Paul A. Franklin

Licensed Embalmer No. *3472*

P. O. Address *Cuba, Mo.*

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.