No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

2604

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 540

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

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town ST. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 314 E Courtois 3
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertha Lena Haywood
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July (Month) 12 (Day) 1888 (Year)

8. AGE: Years 59 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Ellington (City, town or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Benjamin Kitchell
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Camden
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ben Haywood
(b) Address 314 E. Courtois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 22 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ellington Mo
18. (a) Signature of funeral director C Hoffmeister UHL Co
(b) Address 7814 S Broadway
19. (a) JAN 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1948 hour 1 minute 05 A M.

21. I hereby certify that I attended the deceased from Jan 3, 1948, to Jan 19, 1948;
that I last saw her alive on Jan 19, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Chronic pyelonephritis 7 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

Duration

PHYSICIAN
Underline the cause of 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 F R Bradley (M. D. or other)
Address Barnes Hospital Date signed 1-19-48

Jefferson City Printing Co. (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.

Embalmers cert filed sy

Signed.....

Licensed Embalmer No.....

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.