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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2650**
Registrar's No. **229**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4734 Kensington Place /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community..... about 20 years
years, months or days)

3. (a) PRINT FULL NAME Annie Hurley
3. (b) If veteran, name war..... -
3. (c) Social Security No. None

4. Sex Female² 5. Color or race Col.
6. (a) Single, widowed, married, divorced Widow²
6. (b) Name of husband or wife Will Henry Hurley 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased 1 - 13 - 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 11 25 hr. min.

9. Birthplace Holly Springs, Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

11. Industry or business in own home

MOTHER FATHER { 12. Name Shadrach Harding /
13. Birthplace Unknown Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Mariah Dean

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

16. (a) Informant LeGusta Sykes-daughter /
(b) Address 4734 Kensington Pl. St. Louis
17. (a) Burial (b) Date thereof 1-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Prk. Cem.

18. (a) Signature of funeral director Marie Riley
(b) Address 3759 Finney Ave. St. Louis 13

19. (a) JAN 9 1948 J. F. Brodeur
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County..... ca
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4734 Kensington Place
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country..... -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8th
year 1948 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11-18, 1947, to 1-8, 1948.
that I last saw her alive on 1-8, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Disease
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
93

PHYSICIAN
Major findings: Of operations.....
Of autopsy.....
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?

While at work? (Specify type of place) (e) Means of injury 0
23. Signature Alva Moore (M. D. or other)
Address 4501 E. Easton Date signed 1/9/48

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

STATEMENT BY LICENSED EMBALMER

hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ~~James P. [unclear]~~, Registered Apprentice No. ~~1234~~ working under my personal supervision.

Signature Lawrence E. [unclear]
Licensed Embalmer No. 4341
P. O. Address St. Louis 13 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.