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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6517

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2301

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:
Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months + 6 days (Specify whether years, months or days)
In this community 20 years

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. 735 Dover Place 9
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Opal Huntley

3. (b) If veteran, name war Nil

3. (c) Social Security No.

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Glenn

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 17, 1909 (Month) (Day) (Year)

8. AGE: Years 38 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Piedmont, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation House-wife

11. Industry or business At Home

MOTHER FATHER

12. Name William Joiner
13. Birthplace Wayne County, Missouri (City, town, or county) 0 (State or foreign country)
14. Maiden name Clessie Mitchell
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Glenn Huntley
(b) Address 735 Dover Place

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Missouri

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) ~~MAR 8 1948~~ (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 29, 1947 to March 6, 1948 that I last saw her alive on March 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the cervix with metastases to the lungs — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J R Bradley (M. D.)
Address Barnes Hospital, Date signed 3/6/48

MAR 7 MAR 7 1948 (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.

Signed C W Cooper

Licensed Embalmer No. B 830

P. O. Address 2301 Lafayette

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.