

FILED JUL 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24117

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6478

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:
4220 E. Cote Brilliant Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... 40 yrs
 years, months or days)

3. (a) PRINT FULL NAME Helen Bobitt.

3. (b) If veteran, name war..... None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife..... dead
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... January 17, 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 2 hr. min.

9. Birthplace Humbolt, Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

12. Name Ruben Banks
 13. Birthplace Humbolt, Tennessee
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Humbolt, Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Perry Bella Adams
 (b) Address 4220 E. Cote Brilliant
 17. (a) Burial (b) Date thereof: 7/24/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director. C.W. Roberts

(b) Address 1416 N. Taylor Ave.

19. (a) JUL 23 1948 (b) J. F. Brodeur
 (Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... St. Louis
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4220 E. Cote Brilliant Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
 year..... 48 hour 127 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 15
 1948 to July 17 1948
 that I last saw her alive on July 17 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 1 day
Hypertension 6 months
 Due to.....
 Due to.....

Other conditions
 (Include pregnancy within 3 months of death)

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

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. J. Brodeur (M. D. or other)
 Address 2337 Maple St Date signed 7/20/48

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 Fuller E Culkin

Licensed Embalmer No. 4198

P. O. Address. St Louis 137

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.