

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20567

5411

Registration District No.

2791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

1008

- (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2720 Howard St. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 1 Year
years, months or days)

3. (a) PRINT FULL NAME Amy M. Davis

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Francis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 21, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 26 hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name Pinkney Peters

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

14. Maiden name Margaret Smith
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Hannah Peters

(b) Address 2720 Howard Street

17. (a) Burial (b) Date thereof June 20, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Gate, Mo.

18. (a) Signature of funeral director P. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUN 18 1939 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
 (d) Street No. 2720 Howard Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
 year 1939 hour 2:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1930
June 17, 1939, 19____, and that I last saw him alive on June 15, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with arterio-sclerosis
 Duration _____

Due to _____

Due to _____

Other conditions 9/20
(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 _____

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 J. F. Bruders (M. D. or other) _____

Address 2206 Howard St. Date signed 7/18/39

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 Paul A. Keith

Licensed Embalmer No. 3612

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, above space should be left blank.