DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31099

REC'D OCT 1 1939 781

Registration District No. 1003 Primary Registration District No. Registrar's No. 8162

1. PLACE OF DEATH: St. Louis Mo. 2

(a) County

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3431 Delmar (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3431 Delmar (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 1 [21]

(a) State St Louis, (b) County Mo

(c) City or town 3431 Delmar. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alice Shannon 557

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Femal

5. Color or race Colord

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unk

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

7. Birth date of deceased Nov. 20, 1905. (Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Unknown

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

MOTHER 14. Maiden name Anna Jennigens

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

16. (a) Informant's own signature Minnie Taylor

(b) Address 2734 Dayton St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23. 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Adams Undertaker

(b) Address 3849 Windsor Place

19. (a) SFD (Date received local registrar) (b) J. B. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17 year 39 hour 3 minute 55 A. M.

21. I hereby certify that I attended the deceased from 9/1, 1939 to 9/17, 1939 that I last saw h. alive on 9/17, 1939 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary Hemorrhage | 1/2 hr. |
| Due to Pulmonary T.B. | 6 Mo |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Wound | |

Major findings:
Of operations
Of autopsy None

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

23. Signature Vaughn C. Taylor (M. D. or other)

Address 3146 La Rochelle Date signed 9/18/39

(Licensed Embalmer's Statement on Reverse Side)

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.

## 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.....

J. A. Green, Registered Apprentice No.....

working under my personal supervision.

Signed J. A. Green 2963

Licensed Embalmer No. J. A. Green

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**