DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D OCT 18 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 311306

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 8369

1. PLACE OF DEATH:

(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: Homer Phillips Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Hours (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4335 N Market (If rural, give location)

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

3. (a) PRINT FULL NAME 407 Grace Rule

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Richard Rule

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased November (Month) 16th (Day) 1903 (Year)

8. AGE: Years 35 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ----

FATHER 12. Name John Hogue

FATHER 13. Birthplace Clarkton (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Mamie Dickson

MOTHER 15. Birthplace Gibson Co. (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant's own signature Richard Rule

(b) Address 4335 N. Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/1939 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. Gates

(b) Address 4107 Finney Ave.

19. (a) SEP 29 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1939 hour 7 minute 28 a M.

21. I hereby certify that I attended the deceased from 9/26/39, 19..., to 9/27/39, 19...; that I last saw him alive on 9/27/39, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Polycythemia Vera	3 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)

Address 2601 N Whittier Date signed 9/27/39

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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 James A. Johnson, Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.