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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34139

NOV 13 1939 791

Registration District No. 1008

Primary Registration District No.

Registrar's No. 8677

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: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 19 Days (Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: /

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

(c) City or town St. Lou is, 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3511 Evans
(If rural, give location)

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

3. (a) PRINT FULL NAME Amelia Stinard 25

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife John Stinard

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

7. Birth date of deceased Sept. 15, 1860
(Month) (Day) (Year)

8. AGE: Years 79 | Months | Days 23 | If less than one day hr. min.

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

10. Usual occupation Laundress /

11. Industry or business Unemployed

FATHER
12. Name ? McGhee 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Florence Curtis
(b) Address 3511 Evans Ave

17. (a) Greenwood (Burial, cremation, or removal) (b) Date thereof 10-14-39 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Clement & Son
(b) Address 2629-31 Nash St.

19. (a) OCT 11 1939 (Date received local registrar) (b) J. F. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9, year 1939 hour 5:25 minute A. M.

21. I hereby certify that I attended the deceased from August 22, 1939, to October 9, 1939 that I last saw her alive on October 9, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Arteriosclerotic Dementia
Due to Hypertension
Hypertensive Heart Disease
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. Liebman (M. D. or other) MD

Address 1515 Lafayette, Date signed 10/9/39

(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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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.