DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 ..

Registration District No. 701

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 41707

Registrar's No. 10830

1. PLACE OF DEATH: 1008

(a) County 2

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

(c) Name of hospital or institution:
1329a Marcus 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 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1329a Marcus
(If rural, give location)

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

3. (a) PRINT FULL NAME Berlin Oatis Queen

3. (b) If veteran, name war World

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jessie W. Queen

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Oct. (Month) 25 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
38	1	23	hr. min.

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

10. Usual occupation Machinist

11. Industry or business 0

FATHER
12. Name Elias P. Queen
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Ida M. Adams 1
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant's own signature Jessie Queen
(b) Address 1329a Marcus Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-39 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) DEC 19 1939 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 35
year 1939 hour minute 11-A M.

21. I hereby certify that I attended the deceased from March 28 1939
, 1939, to Dec. 18, 1939
that I last saw him alive on Dec 17, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	8 years
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 B. J. McInnis (M.D. or other)
Address 2607 S. Grand Date signed 12-19-39

(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.

McGinnis
2612 S
Sidney & Grand
Tw Rocky
11:35

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 Elbert E. White, Registered Apprentice No. 209 working under my personal supervision.

Signed J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St. Louis Mo

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

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