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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13645

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3847

1. PLACE OF DEATH:

(a) County St. Louis, Mo. 3

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

(c) Name of hospital or institution: ~~1209A North 21st~~ Enroute Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 (b) County

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

(d) Street No. 1209A N. 21st Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Lula Wartham 635

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Jim Wartham

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

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years About 46 | Months | Days | If less than one day hr. min.

9. Birthplace McCoy Ark. (City, town, or county) (State or foreign country) 1

10. Usual occupation Housework 1

11. Industry or business at home 1

FATHER
12. Name Van Lu Brown
13. Birthplace McCoy Ark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace McCoy Ark. (City, town, or county) (State or foreign country)

16. (a) Informant George Brown
(b) Address 1828 Wash Street

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof April 29th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation McCoy Ark

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) APR 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1940 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric Thrombosis; Contrib: Large Uterine Fibroid; Bowel obstruction. | Duration

Due to Non Malignant.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 54 b

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 5

23. Signature Joseph M. [illegible] (M. D. or other)
Address Deputy [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Bruce Beal Anderso

Licensed Embalmer No. 2929

P. O. Address .....

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.