7. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20245

Registration District No. 7941 Primary Registration District No. 1003 Registrar's No. 5193

1. PLACE OF DEATH:

(a) County 2

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

(c) Name of hospital or institution: 4825a Farlin Move
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 7
(If outside city or town limits write "RURAL")

(d) Street No. 4825a Farlin
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Groom 652

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased March (Month) 3 (Day) 1865 (Year)

8. AGE: Years 75 Months 3 Days 10 If less than one day hr. min.

9. Birthplace East St Louis Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business None 4

FATHER
12. Name James Cooper
13. Birthplace England (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Early
15. Birthplace Boston Mass (City, town, or country) (State or foreign country)

16. (a) Informant Mrs J. McKelly
(b) Address 4825a Farlin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 18 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director John P Gallon Jr
(b) Address 624 N Grand Blvd

19. (a) JUN 14 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th year 1940 hour — minute 1 P. M.

21. I hereby certify that I attended the deceased from 6/10/40, 1940 to 6/12, 1940 that I last saw h. alive on 6/12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	?
Due to: Senility	—
Due to: Paralysis of right leg probably caused by cerebral Hemorrhage	2 days
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN 93 C

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) no
(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 Preston C. Hall (M. D. or other)
Address 3902a Lafayette Date signed 6/13/40

(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 _____

Licensed Embalmer No. 2971

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.