S. No. 2
-11-10-39
5-17-39
PI X21492

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. 20475

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5423

1. PLACE OF DEATH:

(a) County St Louis Mo.

(b) City or town St Louis 2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3986 a Papin St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 15 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis Mo. 18 (If outside city or town limits, write "RURAL")

(d) Street No. 3986 a Papin St. (If rural, give location)

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

3. (a) PRINT FULL NAME Bessie Booten 350

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col,

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec, (Month) 13 (Day) 1880. (Year)

8. AGE: Years 59 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Harry Champion
13. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Polly Ana Buchingham
15. Birthplace Buchingham (City, town, or county) Va; (State or foreign country)

16. (a) Informant Richard Booten

(b) Address 3986 a Papin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-40 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JUN 24 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd, year 1940. hour 9:55 minute A. 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 Cancer of Uterus

Due to

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 Joseph M. Levin (M. D. or other)

Address Deputy Coroner 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 L. Bo

....., Registered Apprentice No. [illegible]

working under my personal supervision.

Signed Lonnie Boyk

Licensed Embalmer No. 294

P. O. Address St Louis

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

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