No. 2
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FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27142

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7038

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
845 McLaren Ave. 2
(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 Missouri. (b) County

(c) City or town St. Louis. 8
(If outside city or town limits, write "RURAL")

(d) Street No. 845 McLaren Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Jennie McQuitty. 230

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White

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

6. (b) Name of husband or wife Virgil McQuitty.

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 22 1886.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	7	26	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Harry Blackmore.
13. Birthplace England. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Barker.
15. Birthplace England. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil S. McQuitty.
(b) Address 845 McLaren Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-40.
(Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles cem.

18. (a) Signature of funeral director Hy Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) AUG 20 1940 (Date received local registrar) (b) J. F. Bischoff (Registrar's signature)

MEDICAL CERTIFICATION

no attending physician

20. DATE OF DEATH: Month August day 18th
year 1940 hour 8 minute 15 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 Ruptured duodenal ulcer

Due to Chronic Parenchymatous nephritis

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 Alfred Perry (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.....

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

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis

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

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