

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27415

No. 2
1-10-39
17-39
X21492

Registration District No. 791 Primary Registration District No. 1003 State File No. _____ Registrar's No. 7311

1. PLACE OF DEATH:
(a) County _____
(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:
19th N Channing 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 15 YRS years, months or days 1 21

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County _____
(c) City or town St. Louis MO 21
(If outside city or town limits, write "RURAL")
(d) Street No. 19th N Channing Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME RENE ANDERSON
3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-03-3601

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 28th year 1940 hour 14 minute P. M.

4. Sex FEMALE race NEgro 5. Color or _____
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased June 8th 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 2 - 40
July 2 - 1940 to Aug 28 - 1940
that I last saw him alive on Aug 28 - 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 30 Months 2 Days 20 If less than one day
hr. _____ min. _____

Immediate cause of death Peritonitis of uterus
Duration 2 weeks
Due to _____
Due to 40

9. Birthplace ARK (City, town, or county) (State or foreign country)
10. Usual occupation Machine Operator
11. Industry or business Paper Factory
12. Name Gilbert Anderson
13. Birthplace ARK (City, town, or county) (State or foreign country)
14. Maiden name Marian James
15. Birthplace ARK (City, town, or county) (State or foreign country)

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).

MOTHER FATHER
16. (a) Informant Rankie Eagles
(b) Address 19 N Channing Ave
17. (a) Burial (b) Date thereof 9-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave
19. (a) AUG 30 1940 (b) J.B. [Signature]
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr Edward Bell (M. D. or other) _____
Address 2901 E. [unclear] Date signed 8-29-40

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

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Family

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.