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BUREAU OF THE CENSUS
JAN 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40083**
9854
Registrar's No.

Registration District No. **791** Primary Registration District No. **1002**

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:
Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **3 days**
(Specify whether /
In this community **2 years**
years, months or days)

3. (a) PRINT FULL NAME **Mary Samuels**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Kirby Samuels** 6. (c) Age of husband or wife if alive **not known** years
7. Birth date of deceased. **28 1868**
(Month) (Day) (Year)

8. AGE: Years **72** Months **10** Days **1** If less than one day hr. min. **0**

9. Birthplace **Columbia, mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife** **9**

11. Industry or business.....

12. Name **not known** **9**

13. Birthplace **not known**
(City, town, or county) (State or foreign country)

14. Maiden name **Miss Hall**

15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Theo Masley**

(b) Address **4725 A Kennedy**

17. (a)..... (b) Date thereof **12/2/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **father Dickson**

18. (a) Signature of funeral director **J C Lewis**

(b) Address **Webster Groves, mo**

19. (a) **DEC 2 1940** (b) **J H. Budeck**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St Louis**
(c) City or town **Webster Groves, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **503 Polk Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **29**
year **1940** hour **10:25** minute **A** M.

21. I hereby certify that I attended the deceased from
November 26, 19 **40**, to **November 29**, 19 **40**
that I last saw her alive on **November 29**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **6 days**

Due to..... **59**
Due to.....

Other conditions **Diabetes Mellitus**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature **Wells F A Tonder** (M. D. or other)
Address **2601 N Whittier** Date signed.....

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

MOTHER FATHER

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
Theodore T. Yandell, Registered Apprentice No. 262
working under my personal supervision.

Signed

J. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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, fact should be so stated above.