

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
823 Iron Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) Life (Specify whether 2)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 823 Iron Street
(If rural, give location) 1
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th
year 1940 hour 7:40 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.

3. (a) PRINT FULL NAME Sallie Dailey
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 5th 1885
(Month) (Day) (Year)

Immediate cause of death Acute Stenosis with Concentric Cardiac Hypertrophy Duration _____
Due to congestive hydroxy Pericardii Chronic Diffuse Nephritis
Due to _____

8. AGE: Years Months Days If less than one day
55 6 23 hr. min.

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.

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name Henry Dailey

13. Birthplace Unavailable
(City, town, or county) (State or foreign country)

14. Maiden name Caroline -- Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant William Jones
(b) Address 823 Iron Street

17. (a) Burial (b) Date thereof 1/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale Cemetery

18. (a) Signature of funeral director Class J. Bates
(b) Address 4167-09 Finney Ave

19. (a) DEC 30 1940 (b) J. N. Bredeck
(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) (Specify means of injury)
23. Signature Alfred Perry (M. D. or other) _____
Address Cape Girardeau Mo Date signed 12/30/40

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.....

James A. Johnson.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3522.....

P. O. Address 4107 Finney Ave.....

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.