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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1006
1006

Registration District No. **791**

Primary Registration District No. **1002**

State File No.
Registrar's No.

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: Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 009
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 517
(d) Street No. 6070a Maple Avenue
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Millicent Navarro
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 Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 22 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 8 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business At Home

12. Name Charles Baird

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

14. Maiden name Unknown

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Kimon Pandjiris

(b) Address 9100 Clayton Road

17. (a) Burial (b) Date thereof Febr. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director W. H. Stewart

(b) JAN 30 1941 1225 Union

19. (a) JAN 30 1941 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 30
year 1941 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from 1937 to Jan 30, 1941;
that I last saw her alive on Jan 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemiplegia
6 hr

Due to Arteriosclerosis 3

Due to Intestinal Infarction
Chem 3

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 131
Of operations.....
Of autopsy no
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?
.....

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature Kimon Pandjiris (M. D. or other) D.
Address 1116 Chancery Bldg Date signed 1/30/41

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..... *Gay W. Wilkinson*.....
Licensed Embalmer No..... *3575*.....

P. O. Address.....

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.