

0. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5445

FILED MAR 25 1941

State File No.

Registration District No. 791

Primary Registration District No.

Registrar's No. 1693

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:
Homer G Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 25 years

3. (a) PRINT FULL NAME Jennie Olive

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race C

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

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

6. (c) Age of husband or wife if alive 16 years
(Day) (Year)

7. Birth date of deceased Dec 16 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 26
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Joe Glover

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

14. Maiden name Rachel Sanford

15. Birthplace Lexington KY
(City, town, or county) (State or foreign country)

16. (a) Informant Geneva Humphrey

(b) Address 2638 Lawton Blvd

17. (a) Buriel (b) Date thereof Feb 22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lawton Blvd

19. (a) FEB 22 1941 (b) J. T. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

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

(d) Street No. 2638 Lawton
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1941 hour 10:45 minute A.M.

21. I hereby certify that I attended the deceased from February 14, 1941 to February 18, 1941 that I last saw her alive on February 18, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus c Coma

Duration Under

Due to 61

Due to 61

Other conditions 61
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 51
Of operations 51

Of autopsy 51

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? 61 (Specify type of place) (c) Means of injury.....

23. Signature Edith W. Suter (M. D. or other).....
Address 2601 N Whittier Date signed.....

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.....

Licensed Embalmer No.....

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.