

S. No. 2  
4-13-40  
7-5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **5502**  
**1750**  
Registrar's No. \_\_\_\_\_

**MAR 25 1941** 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

300  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Saint Louis  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2712 Lawton Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community Unavailable  
years, months or days

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. 2712 Lawton Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Annie Laura Cole  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 19,  
year 1941 hour 2 minute 43 P. M.

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widow 2  
6. (b) Name of husband or wife Willie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 25th. 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to February 19, 1941,  
that I last saw her alive on February 19th., 1941,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 10 24 hr. \_\_\_\_\_ min.

Immediate cause of death Bacterial Endocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 91

9. Birthplace Auburn Alabama  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name Jesse Drake  
13. Birthplace Auburn Alabama  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine White  
15. Birthplace Auburn Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Lela Pearl Fletcher  
(b) Address 2712 Lawton Avenue

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 2/25/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters  
18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Avenue  
19. (a) FEB 24 1941 (b) J. H. Bredeck  
(Date received from registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury D  
23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Address 11 North Jefferson Date signed 2/21/1941

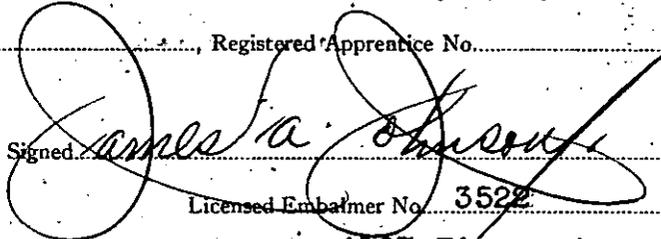
**STATEMENT BY LICENSED EMBALMER**

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 Avenue**

**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.**