

No. 2
4-13-40
5-17-39
I. X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9264
2674

State File No. _____
Registrar's No. _____

Registration District No. 791 Primary Registration District No. 1003

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 C. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months-5 days
(Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 715 N. Channing
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Hazel Fowlkes
3. (b) If veteran, name war. -----
3. (c) Social Security No. Unk
4. Sex F 3 5. Color or race Negro
6. (a) Single, widowed, married, divorced. Sep 7
6. (b) Name of husband or wife. Unk
6. (c) Age of husband or wife if alive. 40 years
7. Birth date of deceased November 25, 1900
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23
year 1941 hour 2:10 minute P. M.
21. I hereby certify that I attended the deceased from January 17, 1941 to March 23, 1941
that I last saw her alive on March 23, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 40 Months 3 Days 28 If less than one day
hr. _____ min. _____

Immediate cause of death
Rheumatic Heart Disease with
Decompensation 3-yrs.

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations AB
Of autopsy AD

10. Usual occupation _____
11. Industry or business _____
12. Name ????? Evines
13. Birthplace Ark
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Griffin
15. Birthplace Ark
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Florence A. Spotts
(b) Address 2601 N Whittier
17. (a) _____ (b) Date thereof 3-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation _____

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? _____

18. (a) Signature of funeral director J. W. Bredech
(b) Address MAR 25 1941
19. (a) _____ (b) J. W. Bredech
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
(c) Means of injury _____
23. Signature Cearue Allen (M. D. or other) _____
Address 2601 N. Whittier Date signed _____

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

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17
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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

working under my personal supervision.

Registered Apprentice No.

Signed

Robert A. Powell

Licensed Embalmer No.

3402

P. O. Address

3100 Franklin

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.