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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

16636

State File No.

Registration District No. 791

Primary Registration District No.

Registrar's No. 4154

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

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17
9

1. PLACE OF DEATH: 2812 A Stoddard
(a) County 2812 A Stoddrd St.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 17 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis 2117
(If outside city or town limits, write "RURAL")
(d) Street No. 2812 A. Stoddard St. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charity Warren

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased June (Month) 11 (Day) 1864 (Year)

8. AGE: Years 76 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Hinds County (City, town, or county) / Miss. (State or foreign country)

10. Usual occupation Nilo.

11. Industry or business

FATHER
12. Name Eli Robinson
13. Birthplace / VA. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Turner
15. Birthplace / N. C. (City, town, or county) (State or foreign country)

16. (a) Informant Alice Kenney
(b) Address Stodard ST. 2812 A

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole St.

19. (a) MAY 17 1941 (Date received local registrar) (b) J. F. Breech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11 year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from MAY 8, 1941, to MAY 11, 1941, that I last saw her alive on MAY 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
CHRONIC MYOCARDITIS 3 yrs
Due to
Due to
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.

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

23. Signature W. H. H. Clark (M. D. or other) 0
Address 2748 A Franklin Date signed 5-16-41

(Licensed Embalmer's Statement on Reverse Side)

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. 2963

P. O. Address 291 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.