

WHITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1 X1051

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6 28 1941 791
District No.

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 209 So 16th St Rear
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Laura Stubblefield
8. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female 5. Color or race col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive 10 years (Month) (Day) (Year) 1876

8. AGE: Years 65 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business
MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Ill
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Ill
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lena Cole
(b) Address 1902 1/2 Franklin Ave

17. (a) ✓ (b) Date thereof 7-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem
18. (a) Signature of funeral director Walter
(b) Address 2707 Standard St

19. (a) JUL 25 1941 (b) J. H. French
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 25
(d) Street No. 209 So 16th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1941 hour 7:11 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 15 1941, to July 21 1941; that I last saw her alive on July 21 1941; and that death occurred on the date and hour stated above. Duration
Immediate cause of death Heart Infection
Heart Stroke

Due to Heart
Due to 1919
Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations 9/1
Of autopsy 9/1
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) 000
(b) Date of occurrence 17:00
(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 W. A. Young (M. D. or other) ✓
Address 2316 Market 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 Arthur R. Heilliard

Licensed Embalmer No. 4221

P. O. Address 2649 Dellmar.

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, above space should be left blank.

STANDARD CERTIFICATE OF DEATH

State File No. 23722
Registrar's No. 6064

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 309 So. 16 St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura Stubblefield

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-16-41 (b) J. Beedel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER



