

S. No. 2
 1-4-41
 5-17-39
 X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

27003

State File No. _____

FILED SEP 17 1941

Registrar's No. 6795

Registration District No. 791

Primary Registration District No. 1003

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

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: Homer G Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2yrs 4mos 8 das
(Specify whether years, months or days)
 In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St Louis 2619
(If outside city or town limits, write "RURAL")
 (d) Street No. 2820 Montgomery
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jane Overton
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 16
 year 1941 hour 6:40 minute _____ A _____ M.

4. Sex Female 5. Color or race Cal 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 22 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 8 19 39 to August 16 19 41
 that I last saw her alive on August 16 19 41
 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 6 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of Mandible
 Duration 5 yrs

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

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

10. Usual occupation not known

11. Industry or business _____

12. Name James

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

14. Maiden name _____

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

16. (a) Informant Juanah James

(b) Address Pinch 110

17. (a) Burial (b) Date thereof 8-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director R. Richardson

(b) Address 2625 Stephens

19. (a) AUG 21 1941 (b) J. M. Meadeck
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. E. Fowler (M. D. or other) 0

Address 2601 N Whittier Date signed 8-18-41

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

Richardson

Licensed Embalmer No.

2928

P. O. Address

2625 Glasgow

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.