

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

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. 29979

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7318

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

1. PLACE OF DEATH: St Louis Mo.
 (a) County.....
 (b) City or town. St Louis
 (c) Name of hospital or institution. 2803 Sheridian Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community. about 1 yr.
 years, months or days

3. (a) PRINT FULL NAME Earnestine Bester Staton
 3. (b) If veteran. name war.....
 3. (c) Social Security No.

4. Sex Female
 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lawrence Staton
 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased March 16 1920
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21.</u>	<u>6</u>	<u>21</u>	hr. min.

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

10. Usual occupation Domestic

11. Industry or business.....
 12. Name Evert Vester
 13. Birthplace Ellisville Miss.
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Parker
 15. Birthplace Ellisville Miss.
 (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Staton
 (b) Address 2803 Sheridian Ave.

17. (a) Burial
 (Burial, cremation, or removal)
 (b) Date thereof 9-11-41
 (Month) (Day) (Year)
 (c) Place: burial or cremation Flather Dixon Cem. Ellis Fun. Home

18. (a) Signature of funeral director.....
 (b) Address 2820 Stoddard st.

19. (a) SEP 10 1941
 (Date received local registrar)
 (b) J. Bredack
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St Louis 600
 (c) City or town. St Louis Mo. 21 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2803 Sheridian Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6
 year 1941 hour 10 AM M.
 21. I hereby certify that I attended the deceased from 8-6
1941 to 9-6 1941
 that I last saw h. et alive on 9-6 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo-Carditis
 Due to Chronic Myo-Carditis
 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?
 While at work? (Specify type of place).....
 (e) Means of injury 11

23. Signature J. B. Wallhall (M. D. or other)
 Address 10016 Jefferson Date signed 9-9-41

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 _____

L. Boykin
294
Licensed Embalmer No. _____

P. O. Address _____
St. Louis Mo

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.