S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4051

FILED MAR 17 1942 791

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 168

1. PLACE OF DEATH:

(a) County ____

(b) City or town Saint Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3203 Lawton Boulevard (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community Unavailable

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 000

(c) City or town Saint Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 3203 Lawton Boulevard (If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Alice Artis

3. (b) If veteran, name war ____

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Nathan

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Unavailable (Month) 1888 (Day) (Year)

8. AGE: Years About 54 | Months | Days | If less than one day ____ hr. ____ min.

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

10. Usual occupation Laudress

11. Industry or business Day work

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marian Stewart
15. Birthplace Unavailable- Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant Nathan Artis
(b) Address 3203 Lawton Boulevard

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) FEB 21 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21, year 1942 hour 2 minute 22 A. M.

21. I hereby certify that I attended the deceased from Jan 5, 1942 to Feb 22, 1942 that I last saw him alive on February 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular Heart Disease	6 mo
Due to:	
Due to: Chronic Nephritis	6 mo
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 Lonnie P Stifford (M. D. or other)
Address 925 North Jefferson Date signed ____

(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 James A. Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.