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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19408

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5661

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4061 Enright Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Betts Brockman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

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

6. (b) Name of husband or wife Herbert

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April (Month) 8, (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
54	2	21	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Tialley
13. Birthplace unk (City, town, or county) Ark / (State or foreign country)

MOTHER
14. Maiden name Lizzie Harris
15. Birthplace unk (City, town, or county) Ark / (State or foreign country)

16. (a) Informant Mrs Carrie Parnell
(b) Address 4061 Enright Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Avenue

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29, year 1942 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 23, 1942 to June 29, 1942; that I last saw her alive on June 29, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unknown
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 0

23. Signature W. J. Erwin (M. D. ~~or other~~)

Address 360 N. Theatre Date signed 6-29-42

844 (Licensed Embalmer's Statement on Reverse Side)

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

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. S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Choutea

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.