

V. S. No. 2
50M-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25792
State File No. 7326
Registrar's No.

FILED SEP 10 1942
Registration District No. 318

Primary Registration District No. 1003

000
435
19
9

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

1. PLACE OF DEATH:
(a) County
(b) City or town. **St. Louis, Missouri**
(c) Name of hospital or institution:
Enroute to City Hospital #1.3
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State. **Missouri** (b) County. **000**
(c) City or town. **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **520 Hickory Street.,** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. **0**

3. (a) PRINT FULL NAME **Mahala Dillard**
(b) If veteran, name war..... (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **1st**
year **1942** hour **6** minute **50** A.M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widow**
7. Birth date of deceased **January 30, 1858**
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
84 **7** **1** ..hr. ..min.

Chronic Myocarditis
Arteriosclerosis
Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

9. Birthplace **Jackson County Missouri**
(City, town, or county) (State or foreign country).
10. Usual occupation **Housewife**

Major findings:
Of operations.....
Of autopsy..... **Pending**
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **John Varcil**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Watkins**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucinda Hunter**
(b) Address **520 Hickory Street.,**

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?

17. (a) **Burial** (b) Date thereof **9/1/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Parma, Missouri**
18. (a) Signature of funeral director **Albert H. Hoppe Inc**
(b) Address **4700 Washington Blvd.,**
19. (a) **SEP** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

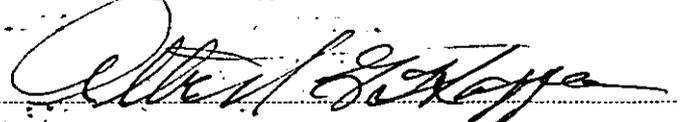
(Specify type of place) While at work? (c) Means of injury.....
23. Signature **Thomas A. Callahan** (M. D. or other)
Address **Deputy Coroner** Date signed **9/1/42**

(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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No. 2921

P. O. Address.....

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.