

S. No. 2
 DM-542
 v. 5-17-39
 I X3287

31935

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 28 1942

1003

8498

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 In this community 8 years
 (Specify whether 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") 17
9 2 2
 (d) Street No. 2037 Walnut (If rural, give location) 1
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Evangeline Finch

(b) If veteran, name war No (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race 3 C
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife SCOTT 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased 7 31 1904
 (Month) (Day) (Year)

8. AGE: Years 38 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace CAPLA COUNTY MISSI
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY MCKINNIS
 13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)
 14. Maiden name MAE SCOTT
 15. Birthplace CAPLA COUNTY MISSI
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary McKinnis
 (b) Address Jackson, Miss

17. (a) Removal (b) Date thereof 10-14-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Jackson, Miss

18. (a) Signature of funeral director Bernie Love
 (b) Address 3103 Washington

19. (a) OCT 14 1942 (b) J.F. Bredbeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11, year 1942 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from October 1, 1942 to October 11, 1942 that I last saw him/her alive on October 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Uremia - Chr Hepatitis

Due to _____
 Due to _____

Other conditions (Include pregnancy within 6 months of death)

Major findings: Of operations 1st
 Of autopsy _____

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 A.E. Smith (M, D. or other) _____
 Address 2601 Whitten Date signed 10/13/42

Duration
 Unk.
 Unk.

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

William Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

2649 Delmar

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.