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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 35610

FILED DEC 1 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9669

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

**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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether years, months or days)
In this community Life

**2. USUAL RESIDENCE OF DECEASED:** 000 17

(a) State Missouri (b) County

(c) City or town St. Louis 239
(If outside city or town limits, write "RURAL")

(d) Street No. Foot of Rutger St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---- 0

3. (a) PRINT FULL NAME Margaret Lafferty

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased August 7, 1876 (Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Rust Cherokee Co., Texas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Martin Morris

13. Birthplace So. Carolina 1
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Smith

15. Birthplace Georgia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Anna P. Morrison

(b) Address 1515 Lafayette Avenue,

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-20-42 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 1416 N. Taylor ave.

19. (a) NOV 20 1942 (Date received local Registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 17, year 1942 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from November 6, 1942, to November 17, 1942; that I last saw h er alive on November 17, 1942; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of head of the pancreas | |
| Due to: Obstructive Jaundice | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: Carcinoma of head of pancreas, Obstructive Jaundice | |

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 Mitchell Yancey (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 11/17/42

(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 M E McCrosland, Registered Apprentice No. 347, working under my personal supervision.

Signed Harry E. Jolley

Licensed Embalmer No. 4078

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.**