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-S. No. 2
OM-5-42
ev. 5-17-39

39365

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 15 1942

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10219

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3833 Olive St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Bettie Elizabeth Stanfill

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5, year 1942 hour 9:50 minute P. M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife James Stanfill

6. (c) Age of husband or wife if alive 3 years 1864

7. Birth date of deceased: April (Month) 3 (Day) 1864 (Year)

21. I hereby certify that I attended the deceased from November 26, 1942, to December 5, 1942; that I last saw her alive on December 5, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>2</u>	hr. _____ min.

Due to Suppurative arthritis

Due to _____

Other conditions 156
(Include pregnancy within 3 months of death)

9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

Major findings:
Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name Unknown

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant William R Stanfill

(b) Address 3712a Garfield Ave.

17. (a) Burial (b) Date thereof 12-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery
Cullinane Bros.

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 _____

18. (a) Signature of funeral director Bethany Bros.

(b) Address 1710 N. Grand Blvd

19. (a) DEC 8 1942 (Date received local registrar)

J. J. Bedeck (Registrar's signature)

23. Signature Dr. M. C. Peterson (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 12/7/42

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 *Fred Frick*.....

Licensed Embalmer No. 3186.....

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.