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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1943

State File No. 4901 1162

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

**1. PLACE OF DEATH:**

(a) County St Louis

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

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

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

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

(a) State Mo (b) County 12

(c) City or town St Louis 91 (If outside city or town limits, write "RURAL")

(d) Street No. 4361 Cozens ave (If rural give location)

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

If yes, name country 0

**3. (a) PRINT FULL NAME** Cynthia Watson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 5 (Day) 1904 (Year)

8. AGE: Years 38 Months 10 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House Work.

11. Industry or business

FATHER
12. Name Lee Holmes
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Leora Crowder
15. Birthplace (City, town, or county) Miss (State or foreign country)

16. (a) Informant Melvinbin Brown

(b) Address 4234 Cook

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave

19. (a) FEB 5 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 30 year 1943 hour 5:30 minute A M.

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

Immediate cause of death Pulmonary Embolism; Duration

Due to Toxemia due to second degree burns of the face, scalp, chest and hands; third degree burns of abdomen, thighs legs, and feet; suffered when her clothing became ignited, cause undetermined, in her home 4361 Cozzens Ave. on Jany.17,1943, about 3:45 AM.

Due to DAMAGE TO BUILDING $200:00 AND TO CONTENTS #50.00. ACCIDENT

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) 000 ACCIDENT

(b) Date of occurrence Jany17,1943

(c) Where did injury occur? (City or town) St.Louis (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callanan (M.D. or other)

Address Deputy Coroner Date signed 2/5/43

(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. 2963

P. O. Address 2915 Franklin

**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.**