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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7671 0

Registration District No. 7 0 [illegible]

Primary Registration District No. 200

Registrar's No. 284

1. PLACE OF DEATH:

(a) County St. Louis, ~~Missouri~~

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

(c) Name of hospital or institution:
Mt. St. Rose Sanatorium 0
(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 Missouri (b) County 12

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 3443 Geraldine Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ruby Oliver

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife William Oliver

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased May (Month) 1 (Day) 1911 (Year)

8. AGE: Years 31 Months 9 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Fred Slaughter
13. Birthplace Moberly (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Myrtle Hughes
15. Birthplace Huntsville (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant William Oliver
(b) Address 3443 Geraldine Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) FEB 5 1943 (Date received local registrar) (b) C. H. McGovern M.D. A.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 9/18/ 1942 to 2-2- 1943
that I last saw her alive on 2-2-43 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
For Advanced Pulm Tbc	
Due to	
Due to	
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) .....
(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 Chas. S. Rosen (M. D. ~~or other~~)
Address 539 N. Grand Date signed 2-3-43

(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.....G. W. Wilkinson

Licensed Embalmer No.....3578

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.