

S. No. 2
M-542
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.

16645

Registrar's No.

5170

FILED JUN 14 1943

Registration District No.

Primary Registration District No.

1003

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
In this community..... 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis,
4335 Page (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Ruth Stidham

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..... single

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

7. Birth date of deceased..... JAN 25 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 4 8 hr. min.

9. Birthplace..... De Vaul Bluff Ark
(City, town, or county) (State or foreign country)

10. Usual occupation..... House work

11. Industry or business.....

MOTHER FATHER
12. Name..... Isiah Stidham
13. Birthplace..... St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name..... Ida Mae Barnett
15. Birthplace..... De Vaul Bluff Ark
(City, town, or county) (State or foreign country)

16. (a) Informant..... IMogene Mullins

(b) Address..... 2748 Clark Ave

17. (a) Shipped (b) Date thereof..... 6-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... De Vauls Ark

18. (a) Signature of funeral director..... Ellis Fin Ham

(b) Address..... 1820 Stoddard St.

19. (a) JUN 4 1943 (b) J. F. Bruleck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 2,
year..... 1943 hour..... 10 minute..... 50 A.M.

21. I hereby certify that I attended the deceased from..... May 14,
..... 19 43 to..... June 2,
..... 19 43;
that I last saw her..... June 2, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death..... Bilateral Ruptured T. O. Abscesses
with generalized Peritonitis Duration..... 2 weeks

Due to..... Cause of abscesses
Due to..... not determined

Other conditions..... (Include pregnancy within 3 months of death)..... 131

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?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature..... J. F. Bruleck (M.D. or other)
Address..... 2601 Whitehall Date signed..... 6/3/43

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 L. Boykin
....., Registered Apprentice No. Imp
working under my personal supervision.

Signed L. Boykin
.....
Licensed Embalmer No. 2946
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.