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DM-542
BY 5-17-39
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19439

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **5433**

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

FILED JUN 19 1943 318
Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to Starkloff Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) **41-7-10**

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **310 N. Skinker**
(If rural, give location)
(e) Citizen of foreign country?..... **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Dorothy S. Brown**
3. (b) If veteran, name war..... **No.** 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **11th**
year **1943** hour **9:45** minute **A.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Clarence** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **Nov 1st 1901**
(Month) (Day) (Year)

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 **Myocardial infarction due to**
arteriosclerosis of left ventricle self
inflicted in Fatint Park, June
Due to 10.1943 exact time unknown
while suffering from temporary
documentary abnormality
Duration

8. AGE: Years Months Days If less than one day
41 **7** **10** hr. min.

Other conditions..... (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

9. Birthplace..... **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....
12. Name..... **Middleton G. Singleton**
13. Birthplace..... **Fulton Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Mary Wainright**
15. Birthplace..... **Paris Kentucky**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Lloyd B. Singleton**
(b) Address **2500 McPherson**
17. (a) **Burial** (b) Date thereof **6-14-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... **Suicide**
(b) Date of occurrence **June 10 1943**
(c) Where did injury occur?..... **St. Louis**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work?..... **No** (Specify type of place) (e) Means of injury..... **Shot**
23. Signature..... **Alfred G. Terry** (M. D. or other)
Address..... **Deputy Coroner** Date signed **6/14/43**

(c) Place: burial or cremation **Bellefontaine**
18. (a) Signature of funeral director..... **Alexander & Sons**
(b) Address **6175 Delmar**
19. (a) **JUN 14 1943** (b) **J. F. Budeck**
(Date received local registration) (Registrar's signature)

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 *Thomas R Fenwick*

Licensed Embalmer No. *3793*

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.