

S. No. 2
 OM-542
 Rev. 5-17-39
 U.S. G.P.O.

19512

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.
 Registrar's No. **5896**

FILED JUL 8 1943 313

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 31 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 927 N. 13th
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Carrie Davis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex <u>Female</u>	5. Color or Race <u>Negro</u>	6. (a) Single, widowed, married, divorced <u>Single</u>
6. (b) Name of husband or wife	6. (c) Age of husband or wife if alive	years
7. Birth date of deceased <u>June 25, 1899</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years <u>43</u>	Months <u>11</u>	Days <u>27</u>	If less than one day hr. min.
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9. Birthplace Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Nil

12. Name John Robinson

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

14. Maiden name Elsie Lungres

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof 6-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director McDowell

(b) Address 1711 N Taylor

19. (a) JUN 20 1943 (b) J. P. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22, year 1943 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 20, 1943, to June 22, 1943; that I last saw her alive on June 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension

Duration Unk.

Due to

Due to

Other conditions 10/22
(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?

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

While at work?

23. Signature J. P. Brudick (M. D. or other) 0
 Address 2601 N Whittier Date signed 6/24/43

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

MOTHER FATHER

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.....

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.