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 V. S. No. 2  
 100M-2-1  
 Rev. 5-1-1942  
 X35597

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27038

FILED AUG 18 1943

State File No. \_\_\_\_\_  
 Registrar's No. 7295

Registration District No. 212 Primary Registration District No. 1003

1. PLACE OF DEATH:  
 (a) County St. Louis, Missouri  
 (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: St. Louis City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 Month  
 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 11  
 (c) City or town 3868 Delmar Blvd. St. Louis 919  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3868 Delmar  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Juanita Sansoucie  
 3. (b) If veteran, name war No  
 3. (c) Social Security No

4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife William  
 6. (c) Age of husband or wife if alive 25 years  
 7. Birth date of deceased May 16th 1923  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 20 2 25 hr. min.

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

10. Usual occupation Machine Operator

11. Industry or business International Shoe Co.

12. Name Shannon Eldridge

13. Birthplace Tennessee 1  
 (City, town, or county) (State or foreign country)

14. Maiden name Emily Miller

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

16. (a) Informant Mary Penberthy

(b) Address 3868 Delmar Blvd.

17. (a) Burial (b) Date thereof 8/14/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director A. M. Laughlin

(b) Address 2301 Lafayette Ave.

19. (a) AUG 13 1943 (b) J. F. Bredbeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11,  
 year 1943 hour 3:30 minute P. M.  
 21. I hereby certify that I attended the deceased from July 11, 1943 to August 11, 1943  
 that I last saw him or her alive on August 11, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
 Far advanced pulmonary  
 tuber culosis  
 Due to...  
 Due to...  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations  
 Of autopsy as above

Duration  
 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 Russell W. Blanchard M. D. Registrar  
 Address St. Louis City Hoop Date signed 8-12-43

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

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address ~~3612~~ Lafayette

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.