V. S. No. 2
50M--5-42
Rev. 6-17-38
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27186

Registration District No. 318 | Primary Registration District No. 3003 | Registrar's No. 7203

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

1. PLACE OF DEATH:

(a) County
(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: 1327 N. 12 4th St
(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)
In this community 1 yrs

2. USUAL RESIDENCE OF DECEASED: 000 17 921

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1327 N. 24th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marah Whitley
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, or divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years Abt. 58 Months Days If less than one day hr. min.
9. Birthplace Ark / (City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
MOTHER FATHER
12. Name Richmond Lenear
13. Birthplace Mississippi (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Miss / (City, town, or county) (State or foreign country)
16. (a) Informant Sam Jones
(b) Address 1327 N 24 Th St
17. (a) Shipping (Burial, cremation, or removal) (b) Date thereof 8-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Terrell Ark
18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave
19. (a) (Date received by local registrar) AUG 10 1943 (b) J. J. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 th year 1943 hour 10 minute A M.
21. I hereby certify that I attended the deceased from June 24 1943 to Aug 5 1943 and that I last saw him alive on Aug 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations NONE
Of autopsy NONE

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. Wolff (M. D. or other)
Address 1418 Franklin Date signed 8/10/43

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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.