No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36265

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 10615

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4556 Enwright ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 1

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State MO (b) County 12
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4556 Enwright ave. (If rural, give location) 17
(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Lovie Thomas Daggett
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 Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 15 (Day) 1873 (Year)
8. AGE: Years 70 Months 6 Days 15 If less than one day hr. min.
9. Birthplace (City, town, or county) Ala. (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Richard Terrall
13. Birthplace (City, town, or county) Ala. (State or foreign country)
MOTHER
14. Maiden name Florence Crump
15. Birthplace (City, town, or county) Ala. (State or foreign country)
16. (a) Informant Olena Terrall
(b) Address 814 Franklin Maidwell
17. (a) Burial Removal (Burial, cremation, or removal) (b) Date thereof Dec 15 1943 (Month) (Day) (Year)
(c) Place: burial or cremation E. St Louis Ill
18. (a) Signature of funeral director [illegible]
(b) Address 2915 Franklin ave
19. (a) DEC 6 1943 (Date received local registrar) (b) J. J. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1943 hour 5 minute 10 P. M.
21. I hereby certify that I attended the deceased from Nov. 20, 1943, to Nov. 30, 1943 that I last saw her alive on Nov. 30 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic endocarditis	3 yrs
Due to: Chronic nephritis	3½ yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No.	

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 D. Jones (M. D. or other)
Address 2330 Franklin Date signed 12/1/43

844

(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.....

Licensed Embalmer No. 2963

P. O. Address 2910 Franklin a

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.