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No. 2
1-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ILLU NOV 29 1943 18

1003

Registrar's No. 10012

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Marys Inf.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Madison
(c) City or town Venice
(If outside city or town limits, write "RURAL")
(d) Street No. 201 Garner (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME William Dandridge

3. (b) If veteran, name war none 3. (c) Social Security No. 335-10-5509

4. Sex Male 5. Color or race Colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Dandridge
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb 22 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 15
If less than one day hr. min.

9. Birthplace Como (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Chopper

11. Industry or business General Steel Casting Co

12. Name Abner Dandridge

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

14. Maiden name Martha Dandridge

15. Birthplace Miss. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Emma Dandridge

(b) Address 201 Garner Venice Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 15 1943
(Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director J. Marshall
(b) Address 2205 No. East St Louis Ill

19. (a) NOV 16 1943 (b) J. F. Budack
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1943 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from 11. 1943
13 to Nov 12 1943;
that I last saw h. a. m. alive on Nov 12 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Int. cerebral pneumonia

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 33

Major findings:
Of operations _____
Of autopsy _____

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 Edgar F. Workman (M. D. or other) M.D.
Address 930 W. 2nd St. Date signed 11/15/43

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

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

079

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 me

, Registered Apprentice No. _____

working under my personal supervision.

Signed

Ben H. Baldwin

Licensed Embalmer No.

2420

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.