

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 22 1949**  
318

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

39574  
State File No. \_\_\_\_\_  
Registrar's No. **10981**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County **St. Louis, Mo.**  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital - Max C. Starkloff Memorial**  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** (d) Street No. **4169**  
(If outside city or town limits, write "RURAL")  
(If rural, give location) **McPherson 19**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Anna Bright**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced, Single**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **September 26, 1920**  
(Month) (Day) (Year)

**8. AGE:** Years **23** Months **2** Days **14** If less than one day hr. min.

**9. Birthplace** **Novelty Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Trimmer**  
**11. Industry or business** **St. Louis Independent Packing**

**MOTHER** { **12. Name** **James Bright**  
**13. Birthplace** **Novelty Missouri**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Liza McKinstry**  
**15. Birthplace** **Bevier Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **James Bright**  
**(b) Address** **Novelty, Mo.**

**17. (a) Removal** **12/12/43** **(b) Date thereof**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Novelty, Mo.**

**18. (a) Signature of funeral director** **Edith E. Ambruster**  
**(b) Address** **4234 Manchester**

**19. (a) DEC 12 1949** **(b) J. F. Redest**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **December** day **10th**  
year **1943** hour **3:45** minute **P. M.**  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to **December 10th, 1943**  
that I last saw him \_\_\_\_\_ alive on **er December 10th, 1943**  
and that death occurred on the date and hour stated above.

**Immediate cause of death** **Transecta suppurativa**  
**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Other conditions** **diabetic ulcers**  
(Include pregnancy within 3 months of death)  
**Co.** \_\_\_\_\_  
**Major findings:**  
**Of operations** **none**  
**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** **Gray H. Fairbank** (M. or other)  
**Address** **1515 Lafayette Ave.** **Date signed** **12/10/43**

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

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**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.....

*Stromm Eynck*

Licensed Embalmer No. *1294*.....

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.**