DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20188

Registrar's No. 6044

1. PLACE OF DEATH:

(a) County

(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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

In this community Life 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 1040 Elliott
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Deloris Rivers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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 3rd 1930 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
13	10	2	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School Girl

11. Industry or business

MOTHER FATHER

12. Name Andrew Rivers

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

14. Maiden name Johnie Billus

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

16. (a) Informant Johnie Rivers

(b) Address 1040 N. Elliott ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts

(b) Address 1416 N. Taylor ave

19. (a) JUL 6 1944 (Date received local registrar) (b) J. F. Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5, year 1944 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 24, 1944, to July 5, 1944; that I last saw her alive on July 5, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prob. Acute Bacterial endocarditis	8 days
Pyocellulitis of left leg. Cause	2 weeks
Due to not known	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 H. H. Brewer (M. D. or other)

Address 260 Whittier Date signed 7/6/44

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Culk

Licensed Embalmer No. 4198

P. O. Address St. Louis 13 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.