

S. No. 2
DM-2-43
v. 5-17-39
P-I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22838
State File No. 6698

FILED AUG 8 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6698

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Peoples Hospital
(d) Length of stay: In hospital or institution Not known

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Louis
(c) City or town Greater Grand
(d) Street No. 546 Holland Ave
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Lorenzo Stanton
3. (b) If veteran, name war -
3. (c) Social Security No. 1

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28 year 1944 hour 5 minute 4 M.
21. I hereby certify that I attended the deceased from 7-27 to 7-28 1944
that I last saw her alive on 7-28 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or Race negro 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive 28 years (Month) 6 (Day) 28 (Year) 1867

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____

8. AGE: Years 77 Months 27 Days 0 If less than one day hr. ✓ min. ✓
9. Birthplace Columbia MO
10. Usual occupation at home

Other conditions 8/2/44
Major findings: Of operations _____
Of autopsy none

MOTHER FATHER
11. Industry or business _____
12. Name William Switzer
13. Birthplace ?
14. Maiden name Wich Knorr
15. Birthplace "

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Viola Burnett
(b) Address 546 Holland Ave
17. (a) Burial (b) Date thereof 8/1/44
(c) Place: burial or cremation Father Dickson

While at work? _____
(Specify type of place) _____
(c) Means of injury _____

18. (a) Signature of funeral director J. R. Bredson
(b) Address Greater Grand
19. (a) JUL 31 1944 (b) J. R. Bredson

23. Signature J. A. Barkin (M. D. or other) _____
Address 3200 Lucas Ave Date signed 7/31/44

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 *J. Lewis*

Licensed Embalmer No. *2027*

P. O. Address *Webster Groves*

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.