V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23542

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6655

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000 17
(c) City or town: St. Louis 922 (If outside city or town limits, write "RURAL")
(d) Street No.: 1127 Armstrong St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Cora Lee White
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: None years
7. Birth date of deceased: December 11, 1887 (Month) (Day) (Year)
8. AGE: Years 56 Months 7 Days 16 If less than one day hr. min.
9. Birthplace (City, town, or county): Arkansas (State or foreign country)
10. Usual occupation: Maid
11. Industry or business: 3847 Flora Place
FATHER 12. Name: Merritt Sims
FATHER 13. Birthplace (City, town, or county): Mississippi (State or foreign country)
MOTHER 14. Maiden name: Viola Pegins
MOTHER 15. Birthplace (City, town, or county): Mississippi (State or foreign country)
16. (a) Informant: Perlie Smith
(b) Address: 1127 Armstrong
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/31/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: Mary Wade
(b) Address: 4202 E. Finney Ave.
19. (a) JUL 29 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26 year 1944 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Depressed fracture of skull
Due to: Hemorrhage of both kidneys
Due to: Lacerated wound of both legs when
Due to: deceased was struck by a street car
Due to: Operated by one William F. Hazelwood
Due to: Of the intersection of 22nd and Chouteau around 8:10 P.M. July
Other conditions: 26 1944
(Include pregnancy within 3 months of death)
Duration

Major findings:
Of operation:
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): Accident 000
(b) Date of occurrence: July 26 1944
(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? public place (Specify type of place)
While at work? no (e) Means of injury: street car
23. Signature: Thomas J. Collins (M. D. or other)
Address: Deputy Coroner Date signed: 7-28-44

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.