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

FILED AUG 12 1944

Registration District No. 14

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25747

Registrar's No. 1675

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Berkley City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Dowling St.
(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 St. Louis 96

(c) City or town Berkley City 0
(If outside city or town limits, write "RURAL")

(d) Street No. Dowling St. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Kizziah Geannettie Robert.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Robert

6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased March (Month) 5th. (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	5	D	hr. ..... min.

9. Birthplace Girard, (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housework

11. Industry or business .....

FATHER
12. Name Gideon Mc Ginnis
13. Birthplace St. Charles, (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Elizabeth Grump
15. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Cora Claypool
(b) Address Dowling St. Berkley City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) AUG 9 - 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th. year 1944 hour 3.34 minute P. M.

21. I hereby certify that I attended the deceased from 5-10-, 1944 to 8-5-, 1944 that I last saw her alive on 8/5-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	15 days
Due to Chr Nephritis	1935
Due to Chr Myocarditis	1940

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

131 05

Major findings:
Of operations None
Of autopsy None

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 Roy Johnson (M. D. or other)

Address Ferguson Mo Date signed 8/5/44

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Bunkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd

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.