

No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39276

FILED DEC 27 1944
818

1003

Registration District No.

Primary Registration District No.

Registrar's No. 10510

1. PLACE OF DEATH:

(a) County...
(b) City or town... St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 4 Weeks
In this community 35 YRS
years, months or days (Specify whether)

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. 516 N. Garrison Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOVIE DILL

3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Dec. 1 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 0 5 br. min.

9. Birthplace 1 MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Evans, Will

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

14. Maiden name unknown

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

16. (a) Informant Gene Lee Daniels
(b) Address 6036 N Vandewater

17. (a) Burial (b) Date thereof 12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director ATKINS Bros
(b) Address 3644 Finley Ave

19. (a) DEC 10 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 6
year 1944 hour 8 min 20 M.

21. I hereby certify that I attended the deceased from 11/20 1944 to 12/6 1944
that I last saw him alive on 12/6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Thor pneumonia
Duration 10 days

Due to 108
Due to

Other conditions Pleurisy with effusion
(Include pregnancy within 3 months of death)
Major findings: none
Of operations

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?

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

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed [Date]

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

MOTHER FATHER

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..... *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

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.