

S. No. 2
 DM-8-43
 v. 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **114**
472

FILED JAN 25 1945

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Peoples Hosp.
 (If not in hospital institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 2 das
 (Specify whether years, months or days)
 In this community 1 mo. 2 das

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County St. Clair
 (c) City or town Brooklyn
 (If outside city or town limits, write "RURAL")
 (d) Street No. 504 Adams St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JEANETTE BUTLER
 (b) If veteran, name war _____
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 12
 year 1945 hour 9 minute A M.
 21. I hereby certify that I attended the deceased from Dec 5
 1944 to Jan 12 1945

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

that I last saw h. _____ alive on _____ 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death Deubatei Mellin E acatium Sclerosis

7. Birth date of deceased Jan (Month) 10 (Day) 1892 (Year)
 8. AGE: Years 53 Months 0 Days 2 If less than one day hr. _____ min. _____

Due to _____
 Due to 61
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Raleigh (City, town, or county) North Carolina (State or foreign country)
 10. Usual occupation Housework

Major findings: Of operations Amputation of left foot
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business at home
 12. Name John Dunnington
 13. Birthplace North Carolina
 14. Maiden name Ellen Wagner
 15. Birthplace Raleigh (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Beeth Stanford
 (b) Address 504 1/2 Adams

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 16 1945
 (Month) (Day) (Year)
 (c) Place: burial or cremation East St. Louis Ill

(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 _____

18. (a) Signature of funeral director J. H. Marshall
 (b) Address 2205 N. 3rd St. East St. Louis Ill
 19. (a) JAN 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

23. Signature E. F. Wenden (M. D. or other) M.D.
 Address 920 W. 11th St. Date signed 1/17/45

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

MOTHER FATHER

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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 ME

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben W Baldwin

Licensed Embalmer No. 2420

P. O. Address E. Harris Kelly

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.