S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22610

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6258

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: St Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair 999

(c) City or town E. St Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1823 Trendley ave 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Sidney Stennis

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Col

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

6. (b) Name of husband ~~or wife~~ Ed. Stennis

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 7 (Month) 30 (Day) 1889 (Year)

8. AGE: Years 55 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business own home

FATHER
12. Name Horace Hudson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Hettie Prince
15. Birthplace Unknown (City, town, or county) 6 (State or foreign country)

16. (a) Informant x Ed Stennis

(b) Address 1823 Trendley E. St Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 19, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director Wm E Offens

(b) Address E. St Louis Illinois

19. (a) JUL 19 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18 year 1945 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7 15 1945 to 7/18 1945; that I last saw h. cv alive on 7/18 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to Bronchial asthma

Due to

Other conditions (Include pregnancy within 3 months of death) 1/4

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature E. I. Fleurdon (M. D. or other) M.D.

Address 930 N 2nd St Date signed 7/19

(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 Wm E Officer

Licensed Embalmer No. 3518

P. O. Address E St Louis Ill

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.