S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38886

FILED DEC 21 1945

Registration District No. 318 Primary Registration District No. 1003

State File No.

Registrar's No. 10711

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: Dr. 119 North 7th 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 7 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town So. Kinloch (If outside city or town limits, write "RURAL")

(d) Street No. Kings St. (If rural, give location) NR

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

If yes, name country

3. (a) PRINT FULL NAME Lida Avery.

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 Married

6. (b) Name of husband or wife Gornor Avery

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased 5 (Month) 4 (Day) 1906 (Year)

8. AGE: Years 39 Months 7 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housework & Lundry.

11. Industry or business Various places

FATHER
12. Name Lee Royster.
13. Birthplace North Coralina (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Peal Burr.
15. Birthplace ? (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Lee Royster.

(b) Address Kings St. So. Kinloch

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

(c) Place: burial or cremation Washington Pk. Cementary

18. (a) Signature of funeral director Boyd Bros Funeral Home

(b) Address Lix & Stanza So. Kinlock. Mo.

19. (a) DEC 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Seventh year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 17, 1945 to Dec. 7, 1945 that I last saw her alive on Dec. 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Due to to severe attack of bronchial asthma

Due to

Other conditions (Include pregnancy within 3 months of death) Hypothyroidism with marked overweight

Major findings: Of operations no operation

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: none,

(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 E. L. Cooley (M. D. or other)

Address 119 N. 7th St. Date signed 12-10-45

(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.....

Licensed Embalmer No. 35-22

P. O. Address 3704 Finney ave

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. Phone Fr. 4200