

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7827**  
Registrar's No. **1807**

**FILED** MAR 6 1946  
Registration District No. **318**

Primary Registration District No. **1003**

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
In this community 24 yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 0001  
St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL") 1117  
(d) Street No. 1512 N Taylor Ave  
(If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carrie Preston  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 19  
year 1946 hour 6 minute 35 AM.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife John Preston  
6. (c) Age of husband or wife if alive 9 years  
7. Birth date of deceased Aug. 9, 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-9-46, 1946, to 2-19-46, 1946;  
that I last saw her alive on 2-19-46, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Broncho-Pneumonia Duration 4 days  
Ventral Hernia with Intestinal Ob- Unk  
struction  
Due to \_\_\_\_\_

8. AGE: Years 72 Months 6 Days 10  
If less than one day hr. min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 107

9. Birthplace Yanoo (City, town, or county) Missouri (State or foreign country)  
10. Usual occupation House work

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John Johnson  
13. Birthplace Yanoo (City, town, or county) Missouri (State or foreign country)  
14. Maiden name Johnson  
15. Birthplace Yanoo (City, town, or county) Missouri (State or foreign country)  
16. (a) Informant Robert Johnson  
(b) Address 1512 N Taylor Ave  
17. (a) Greenwood (b) Date thereof 2-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood  
18. (a) Signature of funeral director Porter General  
(b) Address 3028 Dickson St  
19. (a) FEB 24 1946 (b) J. F. Bredock  
(Date received local registrar) (Registrar's signature)

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 O. J. Aigi (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier St Date signed 2-20-46

(Licensed Embalmer's Statement on Reverse Side)

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

6727

JAN 2 1956

DEC 30 1955

AUG 25 1955

JAN 1 1956

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, \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.