

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7879**
1477
Registrar's No.

FILED FEB 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

6829

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 8 days
(Specify whether years, months or days)

In this community abt. 50 years

3. (a) PRINT FULL NAME Maggie Sales
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Thomas Sales
 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased January 17th 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>21</u>	hr. min.

9. Birthplace Saint Louis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business as above

MOTHER FATHER { 12. Name James Turner
 13. Birthplace ? Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Jordan
 15. Birthplace ? Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh P. White
 (b) Address 6109 Idaho Ave.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 2-13-46
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director: Charles J. Gates
 (b) Address 4107 Finney Ave.

19. (a) FEB 13 1946
(Date received local registrar) J. F. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-10
 (c) City or town St. Louis 1/7
(If outside city or town limits, write "RURAL")
 (d) Street No. 6109 Idaho 9
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
 year 1946 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-30, 1946, to 2-8, 1946.
 that I last saw her alive on 2-8, 1946.
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Portal Cirrhosis

Due to.....
 Due to.....
 Other conditions 12/11
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

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 O. J. Ayer (M. D. or other) 0
 Address 2601 N. Webster Date signed 2/9/46

(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.....

Thomas J. Bates

.....-Licensed Embalmer No. *4259*.....

P. O. Address *4107 Fleming*.....

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.