No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22364

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5239

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3000 Pine Street
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3000 Pine Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alma Young [illegible]

3. (b) If veteran, name war

3. (c) Social Security No. 494-26-9670

4. Sex Female

5. Color or race Negro

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ [redacted]

6. (b) Name of husband or wife [illegible]

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

7. Birth date of deceased Nov. 6, 1909 (Month) (Day) (Year)

8. AGE: Years 36 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Decatur, (City, town, or county) Ala. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joe Russell
13. Birthplace ? (City, town, or county) Ala. (State or foreign country)

MOTHER
14. Maiden name Fannie Curby
15. Birthplace ? (City, town, or county) Ala. (State or foreign country)

16. (a) Informant Sadie Walton
(b) Address 3002 Pine Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation Decatur, Alabama

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street

19. (a) JUN 12 1946 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1946 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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

23. Signature Dr Alfred J Perry (M. D. or other)

Address Deputy Coroner Date signed 6-11-46

(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. Joel Russell

Licensed Embalmer No. 4112

P. O. Address Ft Sam

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.