

S. No. 2
OM-5-43
v. 5-17-39
I X36671

28490

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 7590

FILED SEP 14 1946

Registration District No. _____ 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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 yr. 1 mo. 14 ds.
(Specify whether in this community years, months or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County doe

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

(d) Street No. 5400 Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME AMANDA BROWN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31. year 1946 hour 5.00 minute P M.

21. I hereby certify that I attended the deceased from March 1st, 19 46 to Aug. 31, 19 46; that I last saw her alive on August 31, 19 46; and that death occurred on the date and hour stated above.

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

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

Immediate cause of death _____

7. Birth date of deceased December 25 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 8 6 hr. min.

Due to Tuberculosis right hip 1943x
Lungs not involved

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

10. Usual occupation Housework

Due to _____

Other conditions (Include pregnancy within 3 months of death) 17

11. Industry or business _____

12. Name A.W. Loyd

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Ophelia Stewart

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.

17. (c) Burial (b) Date thereof 9/4/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director C.W. Roberts
(b) Address 1416 N. Taylor Ave.

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) _____
Means of injury _____

19. (a) SEP 3 1946 J. F. Brudee
(Date received local registrar) (Registrar's signature)

23. Signature Jack Ridelman (M. D. or other) 0
Address 5400 Arsenal Date signed 9/1/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
27328

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 *Lutten G. Culkin*

Licensed Embalmer No. *798*

P. O. Address *St Louis 13, Mo*

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. *maso*