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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38348

FILED NOV 25 1946

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9774

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52 mos (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2821 Clark Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ophelia Arnett

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

4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 18th (Day) 1892 (Year)

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace Martha Penn, (City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business

FATHER
12. Name George Jenkins
13. Birthplace ? (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Malvinia Bates
15. Birthplace Martha Penn, (City, town, or county) (State or foreign country)

16. (a) Informant Dorthy Martin
(b) Address 2821 a Clark Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) NOV 16 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

NOV 16 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1946 hour 11 minute 35 A M.

21. I hereby certify that I attended the deceased from May 31, 1946 to Nov. 13, 1946 that I last saw her alive on Nov. 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of right Antrum — Undet.
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

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 [illegible] Harvard (M. D. or other)
Address 2601 N Whittier Date signed 11/14/46

(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 L. Boy[illegible]

....., Registered Apprentice No. [illegible],

working under my personal supervision.

Signed. Lonnie Boe[illegible]

Licensed Embalmer No. 2946

P. O. Address. St Louis 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.