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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43012

Registration District No. 318 Primary Registration District No. 1003 State File No. Registrar's No. 10887

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: St. Mary's Infirmary
(d) Length of stay: In hospital or institution 4 weeks
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 4321a St. Ferdinand Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Irene Suggs
3. (b) If veteran, name war No. 3. (c) Social Security No.
4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Suggs
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased September 22 1909

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 16th
year 1946 hour 9 minute 05 PM.
21. I hereby certify that I attended the deceased from November 15th 1946 to December 16, 1946
that I last saw her alive on December 16th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardio-Renal Disease
Duration 2 yrs

8. AGE: Years 37 Months 2 Days 24

Due to
Due to
Other conditions
Major findings: Of operations none
Of autopsy none

9. Birthplace Charleston, Mississippi
10. Usual occupation Housewife
11. Industry or business

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

MOTHER FATHER {
12. Name Jos. Patterson
13. Birthplace Charleston, Mississippi
14. Maiden name Frances Clay
15. Birthplace Charleston, Mississippi

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Henry Suggs
(b) Address 4321a St. Ferdinand Avenue
17. (a) Burial (b) Date thereof 12-20-46
(c) Place: burial or cremation Greenwood Cemetery

While at work?
Signature J. F. Brudner (M. D. or other)
Address 3136 Chouteau Avenue Date signed

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) DEC 19 1946 (b) J. F. Brudner

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

STATEMENT BY LICENSED EMBALMER

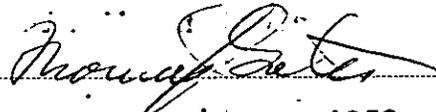
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



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

P. O. Address. **4107 Finney Avenue**.....

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.