

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10666**
Registrar's No. **2401**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Yr. 3 Mos. 26 Days**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Hannah Clara**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **Female** 3. 5. Color or race **Colored** 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 **February 19, 1867.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 8 hr. min.

9. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **Jube Chatman**

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

14. Maiden name **Jane**

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

16. (a) Informant **City Infirmary Records**

(b) Address **5800 Arsenal Street** **APR 14 1947**

17. (a) **BURIAL** (b) Date thereof **April 19, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woolington, C.A.R.**

18. (a) Signature of funeral director **F. A. GREEN**

(b) Address **290 Franklin Ave.**

19. (a) **MAR 31 1947** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **ood**
(c) City or town **St. Louis.** **13 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **5800 Arsenal Street** **9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **27th**
year **1947** hour _____ minute **5:40 a.M.**
21. I hereby certify that I attended the deceased from **11-25-45**
to **March 28th;** **1947;**
that I last saw **her** alive on **March 27th;** **1947;**
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart - block 95 A
Heart- arterioscleroticis 93 A
Due to **Senile- Dementia - 162 A**
Due to _____
Other conditions (Include pregnancy within 3 months of death) **93 A**
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 **0**
23. Signature **H. Pappas** (a) B. or other) _____
Address **J. 800 Arsenal** Date signed **3-27-47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

J. A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.