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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11336

Registrar's No. 2449

1. PLACE OF DEATH:

(a) County Homer St. Louis, Mo

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

(c) Name of hospital or institution: Homer Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County .....

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

(d) Street No. 1920 Papin (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Ettie Nettie Newsome

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Nov (Month) 9 (Day) 1884 (Year)

8. AGE: Years 62 Months 3 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Moscow (City, town, or county) Ky (State or foreign country)

10. Usual occupation House work

11. Industry or business .....

FATHER

12. Name Jerry Bynum

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

MOTHER

14. Maiden name Kitty

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

16. (a) Informant Mary Smith

(b) Address 1920 Papin, St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Lucas, Ave

19. (a) MAR 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5th year 1947 hour 9 minute 15 P.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 Purulent Meningitis (cause undetermined)

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 81 W

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Gilmore E. Kerr (M.D.) (Coroner)

Address Wright Date signed 3/14/47

(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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ave

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.