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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 30 1948

318

Registration District No.

1003

Registrar's No.

3741

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

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:
4844 Page Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... abc

(c) City or town St Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 4844 Page ave
(If rural, give location) 9

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

3. (a) PRINT FULL NAME Annie Vassall

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex F 3 5. Color or race Col

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

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

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

7. Birth date of deceased..... Jan 11 1900
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1948 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from 8th to 19th 1948
and that death occurred on the date and hour stated above. 48

that I last saw her alive on 4-18 1948

8. AGE: Years Months Days If less than one day

48 3 8hr.min.

Immediate cause of death Cerebral hemorrhage of brain

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1948

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Erving Vassall

(b) Address 4844 Page ave

17. (a) Burial (b) Date thereof Apr 22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
Washington Park

(c) Place: burial or cremation.....

18. (a) Signature of funeral director J W Hughes

(b) Address 2620 Lawton blyd

19. (a) APR 20 1948 (b) J. F. Bremer
(Date received for registration) (Registrar's signature)

Physician

Major findings:
Of operations.....

Of autopsy.....

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.....

Signature [Signature] (M. D. or other) M.D.

Address 1468 1/2 E. 12th Date signed 4-20

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..... *Clay Young*
Licensed Embalmer No..... *3371*
P. O. Address..... *St. Louis*

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.