

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 6 1948 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 24566
Registrar's No. 6598

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
2916² DICKSON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

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. 2916² DICKSON
21
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JENNIE NABORS

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 WIDOWED

6. (b) Name of husband or wife _____

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

7. Birth date of deceased FEB. 1 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 26th
year 1948 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from French 14th 1948 to July 26 1948
that I last saw h. or alive on July 26 1948
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>5</u>	<u>35</u>	hr. _____ min.

Immediate cause of death Syphilitic Heart Disease

Duration 4 yrs

Due to _____

Due to _____

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

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

10. Usual occupation MAID

11. Industry or business _____

MOTHER FATHER { 12. Name RUBIN BRADFORD

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

14. Maiden name GEORGIA BONNER

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

16. (a) Informant SAMUEL BRADFORD

(b) Address 4422 DELMAR

17. (a) REMOVAL (b) Date thereof 7-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMPHIS, TENN.

18. (a) Signature of funeral director A. F. WALTON

(b) Address 2707 STODDARD ST.

19. (a) JUL 27 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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) 1

(e) Means of injury _____

23. Signature Franklin K. Kover (M. D. or other) _____
Address 1607 Franklin Ave Date signed 8/26/48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address. 4049 St Ferdinand

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.