

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

388484

State File No. 388484

Registrar's No. 9758

FILED NOV 25 1946
Registration District No. 318

Primary Registration District No. 1003

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:
1326 1/2 South Seventh Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")
(d) Street No. 1326 1/2 South Seventh Street 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DOROTHY MAE CLOUD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / W 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Richard Fred 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased December 1, 1924
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>11</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Norual Penrod

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

14. Maiden name Flossie Baker

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

16. (a) Informant Richard F. Cloud

(b) Address 1326 1/2 So. 7th Street

17. (a) burial (b) Date thereof 11-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gideon, Missouri

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Ave St. Louis, Mo.

19. (a) NOV 15 1946 (b) J. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th
year 1946 hour 3:15 minute a M.

21. I hereby certify that I attended the deceased from Nov-11
1946, to Nov 15 1946
that I last saw her alive on Nov 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Uremia

Due to Cancer of Cervix Uteri
known since July 17, 1946

Due to _____

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

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) (c) Means of injury _____

23. Signature Leroy E. Ellison (M. D. or other) MD
Address 3610 So Broadway, St. Louis Date signed 11-15-46
Missouri

Duration
7 days
3 days

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

FEB 16 1948

DEC 29 1947
3613 5-13

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..... *L R Cooper*

Licensed Embalmer No. *3633*

P. O. Address..... *7301 Lafayette*

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.