

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26195  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **Saint Louis** (d) Street No. **4119 Finney Avenue** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. **42** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Hazel Washington**

(a) Residence, No. **4119 Finney Avenue** St. **11**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unavailable**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**Abt. 42**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Maid**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Private Family**  
10. Date deceased last worked at this occupation (month and year) **Feb. 1937** 11. Total time (years) spent in this occupation **19**

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis**  
(STATE OR COUNTRY) **Missouri**

13. NAME **Frank Washington**

14. BIRTHPLACE (CITY OR TOWN) **Saint Louis**  
(STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Annie Kenno**

16. BIRTHPLACE (CITY OR TOWN) **Saint Louis**  
(STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mamie Rankin**  
**4119 Finney Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood Cem.** DATE **Oct. 21, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Charles J. Gatis**  
**4107 Finney Avenue**

20. FILED **19** **J. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 18, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **October 10, 1937 to October 18, 1937**

I last saw h. or alive on **October 18, 1937**. Death is said to have occurred on the date stated above, at **6: P.M.**

The principal cause of death and related causes of importance were as follows:

**Pneumonia Bronchog.**  
**Larynx**  
**92a**  
**Valvular Heart Disease**

Other contributory causes of importance:

Name of operation **None** Date of .....  
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....  
(Signed) **Samuel Stafford**, M. D.  
(Address) **925 North Jefferson Avenue**

I X12004  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self  
L. E.  
or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed James A. Johnson  
Licensed Embalmer No. 3522

**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.)**