

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.

REC'D APR 11 1938

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

9268

Do not use this space.

1. PLACE OF DEATH

Homer G Phillips Hospital

(a) County.....

Registration District No.

(b) Township.....

Primary Registration District No.

(c) City.....

St. Louis

(d) Street No.

2601

N Whittier

(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

20 yrs.

mos.

ds.

(f) How long in U.S., if of foreign birth?

yrs.

mos.

ds.

Registered No.

2857

2. PRINT FULL NAME

Blanche Gaines

520

(a) Residence, No.

2203 Dalmar Boulevard

St.

21

(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

F

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

unknown

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

March 10, 1894

7. AGE

44

YEARS

MONTHS

DAYS

11

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

nil

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mississippi

FATHER

13. NAME

Jason Bush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Belle Rank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mississippi

17. INFORMANT (ADDRESS)

Evelyn Hilliard

2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE March 26, 1938

19. FUNERAL DIRECTOR (ADDRESS)

A. J. Walton  
2707 Standard St.

20. FILED

MAR 26 1938

J. F. Budich

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1938, to March 21, 1938

I last saw her alive on March 21, 1938 Death is said

to have occurred on the date stated above, at 5:20a.

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

Pulmonary tuberculosis

Date of onset  
2/15/38

Other contributory causes of importance:

Name of operation..... 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) W. Lewis, M. D.

(Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I, Rommie Boykin, Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Rommie Boykin

Licensed Embalmer No. 2946

**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.)**