

REC'D JUL 12 1938

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

20269

Do not use this space.

791
1003

5408

1. PLACE OF DEATH

(a) County Registration District No.

(b) Township Primary Registration District No.

(c) City Saint Louis (d) Street No. Homer G. Phillips Hospital 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 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eddie Plant

(a) Residence, No. 944 North Belt Avenue St. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Negro

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

5A. IF MARRIED, WHO WEDDED ~~XXXXXXXX~~
 (OR) WIFE OF Harry Plant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>3</u>	<u>6</u>	

OCCUPATION

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

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 unk.

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

FATHER

13. NAME Henry Nelson

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

MOTHER

15. MAIDEN NAME Alice-

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

17. INFORMANT Harry Plant
 (ADDRESS) 944 North Belt Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE June 17, 1938

19. FUNERAL DIRECTOR (NAME) Charles J. Sales
 (ADDRESS) 4107 Finney Avenue

20. FILED 6-15-38 J. P. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938, to June 12, 1938

I last saw her alive on June 12, 1938 Death is said to have occurred on the date stated above, at 10:10 P.M.

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

Partial intestinal obstruction, caused by carcinoma of large bowel

(Adhesions)

Other contributory causes of importance: Bronchopneumonia

Name of operation Date of
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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: Yes
 (Signed) Richard Hachney, M. D.
 (Address) Homer G. Phillips Hospital

STATEMENT BY LICENSED EMBALMER

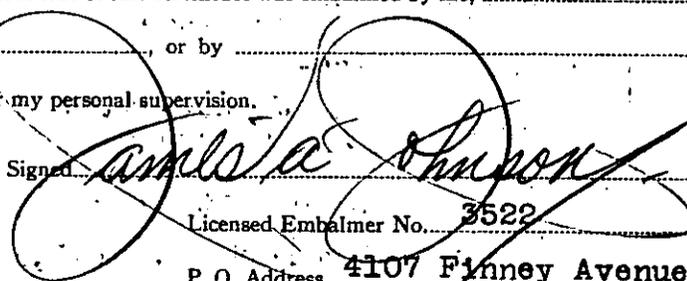
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James A. Johnson

, or by

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

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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, above space should be left blank.