

REC'D AUG 11 1939 791  
Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

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: Homer Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since July 14, 1939  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Frank Washington 252

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Not Known

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Washington 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June 1, 1913  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace \_\_\_\_\_ Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

12. Name George Washington

13. Birthplace \_\_\_\_\_ Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Boyd

15. Birthplace \_\_\_\_\_ Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Helen Washington

(b) Address 2221 Carr (Dear)

17. (a) Burial (b) Date thereof July 23, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. H. Harrison

(b) Address 2906 Barton

19. (a) 24146 (b) J. B. Bushick  
(Date of local issue) (Signature of embalmers)

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. 2221 R Carr  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1939 hour 2 minute 35 AM.

21. I hereby certify that I attended the deceased from July 14, 1939  
to July 19, 1939

that I last saw him alive on July 19, 1939

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration \_\_\_\_\_  
Rheumatic heart disease; chronic several  
nephritis years.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pulmonic and mitral stenosis unknown  
(Include pregnancy within 3 months of death)

uremic coma 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) (e) Means of injury \_\_\_\_\_

23. Signature M. W. Ackert (M. D. or other) \_\_\_\_\_

Address 2601 N. Webster Date signed 7/19/39

WHILE LEARNING TO USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
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.

**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 James H. Harrison

Licensed Embalmer No. 760

P. O. Address 2906 Lawton

**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.**