

Registration District No. 791 Primary Registration District No. 1003

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 G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos 4 days
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Alberta Parham

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6, 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>10</u>	<u>29</u>	hr. _____ min.

9. Birthplace Browns, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

12. Name William Jordan
13. Birthplace Browns, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Gray
15. Birthplace Browns, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant William Jordan
(b) Address 2929 Clark St.
17. (a) Burial (b) Date thereof 2-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dement & Son Smith
(b) Address 2629-31 Wash St.

19. (a) FEB 7 1940 (b) _____
(Date received local registrar) (Signature)

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. 1324 Blair St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1940 hour 5:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 1, 1939 to Feb 5, 1940;
that I last saw her alive on Feb 5, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy
Hypertension Duration 1-2yrs

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

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 H. J. Hyman (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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, L. D. 15

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

Signed

Lommie Boef

Licensed Embalmer No. 29

P. O. Address St. Louis 9

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.