

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 3 mos 28 das  
Unknown (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Oceal Qualls

3. (b) If veteran, name war no. Veteran 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Fred Qualls 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased June 13, 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 8 20 hr. min.

9. Birthplace Staravreds Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

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

MOTHER FATHER { 12. Name Mark Bowden  
13. Birthplace Corinth Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Glispy  
15. Birthplace Shujlak Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mark Bowden  
(b) Address I405 A. N. 7 th Street.

17. (a) \_\_\_\_\_ (b) Date thereof Mar. 9, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Wright, s Funeral Home.  
(b) Address 3100 Easton Ave.

19. (a) MAR 8 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature of local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 25  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1405 a N 7th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1940 hour 5:10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from  
October 5 1939 to March 3 1940;  
that I last saw her alive on March 3 1940.  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Catatonic Schizophrenia About 18 mos  
Decubitus Ulcers 2 mos

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

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

Other conditions Prob Neuro Lues  
(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 Beard Smart (M. D. or other) \_\_\_\_\_  
Address 2501 N Whittier Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

William C. McDowell, Registered Apprentice No. ....  
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 3506 Franklin Ave

**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.**