

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community Unavailable  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4312 Page-Boulevard  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17,  
year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

22. Signature Wesley Perry (M. D. or other) \_\_\_\_\_  
Address 1300 Clark Avenue Date signed 3-19-40

3. (a) PRINT FULL NAME Ella Higgenbotham

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Henry Higgenbotham 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 13, 1869  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>4</u>	hr. _____ min.

9. Birthplace Hopewell Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Samuel Bland

13. Birthplace Unavailable Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Bell Gill

15. Birthplace Washington Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie Richardson

(b) Address 4312 Page Boulevard

17. (a) Burial (b) Date thereof 3/20/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSota, Missouri

18. (a) Signature of funeral director Chas. Sales

(b) Address 4107 Finney Avenue

19. (a) MAR 20 1940 (b) \_\_\_\_\_  
(Date recorded and registered) (Registrar's signature)

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.

1 X1931

**STATEMENT BY LICENSED EMBALMER**

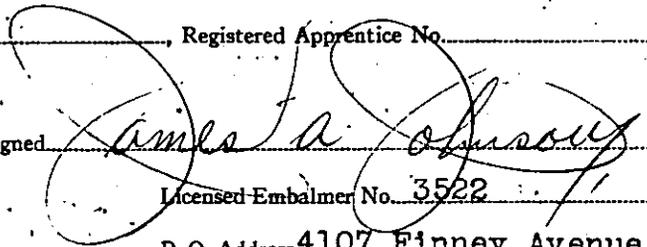
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**James A. Johnson**

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

A large, stylized handwritten signature in cursive script, appearing to read "James A. Johnson", is written over the signature line and extends into the adjacent fields for apprentice number and license number.

..... 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.**