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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9233

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2716

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

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: City Hosp. #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town St. Louis Mo 21 (If outside city or town limits, write "RURAL")

(d) Street No. 2728 Delmar Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Betty Washington

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 Divorced

6. (b) Name of husband or wife Socrates Washington

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug 18, 1905 (Month) (Day) (Year)

8. AGE: Years 34 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Clarksdale (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Jim Richards
13. Birthplace Utica (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Betty Johnson
15. Birthplace Edwards (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Alberta Dickson

(b) Address 2829½ Delmar, Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Und. Co.

(b) Address 2931 Lucas, Ave

19. (a) MAR 23 1940 (Date received local registrar) (b) J. F. Bickel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18th year 1940 hour 3:58 minute A. M.

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

Immediate cause of death Acute Peritonitis following colostomy for bowel obstruction

Due to Valvulus. Chronic constipation

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 122

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Jones (M. D. or other)

Address Deputy Corp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkin

Licensed Embalmer No. 2842

P. O. Address 3644 Fann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.