

AUG 25 1940 791
Registration District No.

Primary Registration District No. **1003**

Registrar's No. **5889**

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

1. PLACE OF DEATH:

(a) County St Louis mo
(b) City or town St Louis mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2102 1/2 Franklin Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 13 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2102 1/2 Franklin Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7
year 1940 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6-26 to 7-7 1940

that I last saw her alive on 7-7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of the Carotid Artery.
Duration Two months

Due to Causes Unknown

Due to _____

Other conditions not complete
(Include pregnancy within 3 months of death)

Major findings: Of operations done

Of autopsy done

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 D. B. Brown M.D. (M. D. or other)
Address 2317 1/2 Franklin Ave Date signed 7-12-40

3. (a) PRINT FULL NAME Earnstine Morgan L25

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 unwed

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

7. Birth date of deceased April 1 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Morrell Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Kate Payne

13. Birthplace unknown Ark
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Kuroute

15. Birthplace unknown Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Pennington
(b) Address 825 1/2 No 21st Street

17. (a) Burial (b) Date thereof July 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director J. F. Predeck
(b) Address 3133 Bell Ave
19. (a) JUL 13 1940 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

9a-9643

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

H. J. Watson

Licensed Embalmer No. *269*

P. O. Address *2769 Charlotte*

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.