

AUG 25 1940 791
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5914**

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

1. PLACE OF DEATH:

(a) County 3
(b) City or town _____
(c) Name of hospital or institution:
En route Homer G. Phillips
(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 Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limit, write "RURAL")
(d) Street No. 3126^e Brantner Place
(If rural, give location)
(e) If foreign born, how long in U. S. A? Native years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1940 hour 4:35 minute A. 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:
Chronic Myocarditis; Chronic
Parenchymatous Nephritis; with Cyst
Due to of Left Kidney;

Duration

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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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) _____ (a) Means of injury _____
23. Signature Alfred Perry (M. D. or other) _____
Address deputy coroner Date signed 7/12/40

3. (a) PRINT FULL NAME Mollie Marion 650

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 Married

6. (b) Name of husband or wife Watsey 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: July (Month) 5 (Day) 1896 (Year)

8. AGE: Years 44 Months 0 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Charlie Williams

13. Birthplace Okolona (City, town, or county) Miss (State or foreign country)

14. Maiden name Susie Harris

15. Birthplace Okolona (City, town, or county) Miss (State or foreign country)

16. (a) Informant Queen Esther Jackson

(b) Address 3126^e Brantner Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Predeck

(b) Address 3133 Bell Ave
19. (a) Jul 14 1940 (Date received local registrar) (b) J. F. Predeck (Registrar's signature)

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

Licensed Embalmer No. 269

P. O. Address 2769 Chouteau

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.