

Registration District No. **99**

Primary Registration District No. **1003**

Registrar's No. **7795**

1. PLACE OF DEATH:

(a) County St Louis
(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 Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 8 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME ORINE MAJOR

3. (b) If veteran, name war _____ 8. (c) Social Security No. NONE

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Major 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Sept 22 1909
(Month) (Day) (Year)

8. AGE: Years 30 Months 11 Days 21 If less than one day hr. _____ min.

9. Birthplace Arp Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business _____

12. Name Anderson Thompson

13. Birthplace Arp Texas
(City, town, or county) (State or foreign country)

14. Maiden name Robie Cole

15. Birthplace Arp Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Robie Cowrye

(b) Address 3127 Brantner Pl

17. (a) Burial (b) Date thereof Sept 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave.

19. (a) SEP 18 1940 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

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. 3127 Brantner Pl
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1940 hour 10:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 10, 1940, to Sept 12, 1940;
that I last saw her alive on Sept 12, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Acquired Lues
Luetic Myocarditis; Aortic Regurgi-
Due to tation

Duration Indef
5 yrs

Other conditions (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 1

23. Signature J. W. Whittier (M. D. or other) _____

Address 2601 Whittier Date signed _____

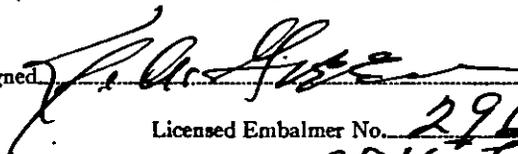
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed



Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.