

Registration District No. **791** Primary Registration District No. **1002**

FILED DEC 11 1940

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: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 14 dcs
In this community 30 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3133 Evans
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1940 hour 8:30 minute _____ P.M.
21. I hereby certify that I attended the deceased from Sept 20, 1940, to Nov 4, 1940;
that I last saw her alive on Nov 4, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive heart Disease
in Decomp. Abt. 3 1/2 yrs
Due to Chronic Nephritis

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.

3. (a) PRINT FULL NAME Dora Rice

3. (b) If veteran, name war NO 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 Herbert Rice 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased: (Month) 3 (Day) 15 (Year) 18 89

8. AGE: Years 51 Months 7 Days 19 If less than one day hr. _____ min. _____

9. Birthplace JACKSON TENN
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Private Home

12. Name Wyatt Pope

13. Birthplace JACKSON TENN
(City, town, or county) (State or foreign country)

14. Maiden name Heda

15. Birthplace JACKSON TENN
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Taylor
(b) Address 3133 Evans

17. (a) BURIAL (b) Date thereof 11-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation head wood

18. (a) Signature of funeral director May Wade
(b) Address 4222 Franklin Ave

19. (a) NOV 7 1940 (b) J. R. [Signature]
(Date received local registrar) (Registrar's signature)

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

23. Signature Edell W. Dutch (M. D. or other) _____
Address 2001 N Whittier Date signed 11-6-40

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.....

working under my personal supervision.

..... Registered Apprentice No.

Signed

S. Swatens

Licensed Embalmer No. *2687*

P. O. Address *2769 Ch...*

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, fact should be so stated above.