

Registration District No.

791

Primary Registration District No.

Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
721 North Whittier Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Unavailable
years, months or days)

2. (a) PRINT FULL NAME Amanda Joiner

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 Widow

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

7. Birth date of deceased November 1, 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 0 7 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Austin Martin
13. Birthplace Unavailable- Mississippi
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ann-unavailable
15. Birthplace Unavailable- Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Larr
(b) Address 721 North Whittier Street
17. (a) Burial (b) Date thereof 11/12/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Wm C. Falls
(b) Address 4107 Finney Avenue
19. (a) NOV 12 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis, 19
(If outside city or town limits, write "RURAL")
(d) Street No. 721 North Whittier Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 8th
year 1940 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 10-14, 1940, to November 19, 1940
that I last saw her alive on November Oct 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis chronic
10 years or more
Due to Undetermined cause
Due to chronic gastritis
cause unknown
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none
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 Paul R. Remours (M. D. or other)
Address Grand & Franklin Aves Date signed _____

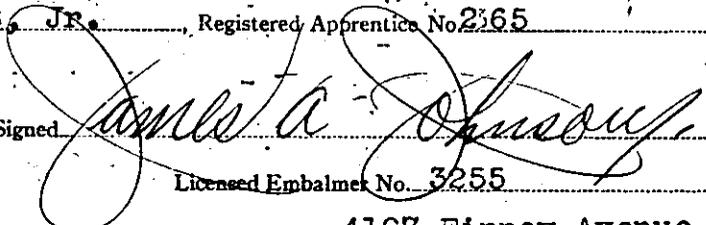
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

James A. Johnson and A.T. Frost, JR., Registered Apprentice No. 2365

working under my personal supervision.

Signed .....

Licensed Embalmer No. 3255

P. O. Address 4107 Finney Avenue

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.