

REC'D FEB 25 1941
791
Registration District No.

Primary Registration District No.

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

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: Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs
(Specify whether
In this community urb
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 00019
(c) City or town..... Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 4266 Enright Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY HOWARD

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Samuel Howard 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased: May 14, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 8 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... Charles Petty
13. Birthplace..... Unavailable/Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name..... Betty McCawly
15. Birthplace..... Unavailable/Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Ophelia Terry
(b) Address 4266 Enright Avenue

17. (a) Burial (b) Date thereof 2-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107-09 Finney Ave

19. (a) JAN 30 1941 (b) J. T. Bredeck
(Date received for burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th
year 1941 hour 7 minute 40 a. m.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum & Bladder
Primary Site: Rectum

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) H6 d

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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 3

23. Signature Thomas J. Callahan (M. D. or other)
Address 2320 C. B. Avenue Date signed 1/30/41

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 Arthur Johnson.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No..... 3522

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, fact should be so stated above.