

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Phillips Hospital
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 days**
(Specify whether years, months or days)
In this community **25 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **090**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **111?**
(d) Street No. **4127 Finney**
(If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Malissa Alice Bynum**

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 **widowed**

6. (b) Name of husband or wife **William Bynum** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **December 9th, 1877**
(Month) (Day) (Year)

8. AGE: Years **63** Months **5** Days **29** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Andrew Hastings**
13. Birthplace **Unavailable / Mississippi**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucy** **Unavailable**
15. Birthplace **Unavailable / Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Milton Bynum**
(b) Address **4127 Finney Ave. St. Louis**

17. (a) **Burial** (b) Date thereof **6-12-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Chas. J. Gater**
(b) Address **4107 Finney Ave. St. Louis**

19. (a) **Jun 14 1941** (b) **J. T. Buecher**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
year **1941** hour **4:20** minute _____ A.M.

21. I hereby certify that I attended the deceased from **5-27**, 19**41** to **6-8**, 19**41**
that I last saw her alive on **6-8**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease** Duration **1 year**

Due to _____

Due to _____

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 _____

23. Signature **Clarence Miller** (M.D. or other) **9**
Address **2601 N. Whittier** Date signed **6-9-41**

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

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17
9

STATEMENT BY LICENSED EMBALMER

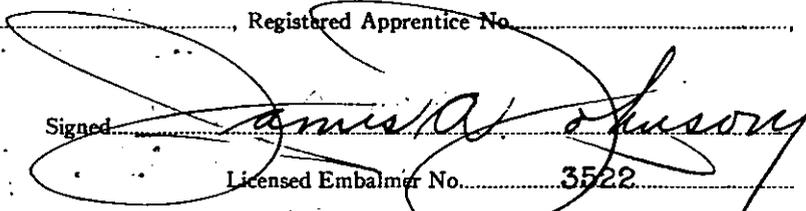
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed


.....
Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave., St. Lo

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.