

No. 2
4-13-40
1-17-39
I X23159

Registration District No. **791**

Primary Registration District No. **1003**

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

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: **Homer G Phillips**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**
(Specify whether)

In this community **45 years**
years, months or days

3. (a) PRINT FULL NAME **Addie Fishback**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **James** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **Nov 30 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **6** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Nashville Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Goat**

13. Birthplace **Nashville Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **unk**

15. Birthplace **unk**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Fishback**

(b) Address **923 main Iron St**

17. (a) **Burial** (b) Date thereof **6-18-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **W. Hande & Son**

(b) Address **3133 Fall ave**

19. (a) **JUN 18 1941** (b) **J. F. Bridgman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **923 Irons**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
year **1941** hour **6:28** minute _____ P. M.

21. I hereby certify that I attended the deceased from **June 9**, 19**41**, to **June 15**, 19**41**, that I last saw her alive on **June 15**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertension** Duration **8 years**

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 **W. Hande & Son** (M. D. or other) _____

Address **2601 N Whittier** Date signed **6/16/41**

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

S. J. Watson
.....
Licensed Embalmer No. *2698*

P. O. Address *2769 Coulson*

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.