

Registration District No. 791 Primary Registration District No. 1003

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1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (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 8 days (Specify whether years, months or days)
In this community 22yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 518 N. Garrison (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

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3. (a) PRINT FULL NAME Connie Armstrong

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
year 1941 hour 6:25 minute A. M.

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

21. I hereby certify that I attended the deceased from June 17, 1941, to June 25, 1941; that I last saw her alive on June 25, 1941; and that death occurred on the date and hour stated above.

4. Sex female
5. Color or race negro
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Unk.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr 10, 1884 (Month) (Day) (Year)

Immediate cause of death Chronic Nephritis 2 yrs.

8. AGE: Years 57 Months 2 Days 15 If less than one day hr. min.

Due to 12/21/6

9. Birthplace Unk. Miss. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Lawrence Aldridge
13. Birthplace Mound Bayou Miss. (City, town, or county) (State or foreign country)
14. Maiden name Mabel Collins
15. Birthplace Mound Bayou Miss. (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Lizzie Riggs
(b) Address 518 N. Garrison
17. (a) Burial (b) Date thereof June 29, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Bayou Miss

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?

18. (a) Signature of funeral director L. J. Wad. Co
(b) Address 2931 S. Cass St.
19. (a) JUN 28 1941 (b) J. A. Brebeck (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
23. Signature Clarence Allen (M. D. or other) O
Address 2601 N. Whittier Date signed 6/25/41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Burleam English*.....

Licensed Embalmer No. *4208*.....

P. O. Address *2931 Lucas, Ave*.....

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.