

FILED AUG 28 1941 91

Registrar's No. 5941

1. PLACE OF DEATH: **St. Louis, Mo.**

(a) County _____

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **City Sanitarium**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2yrs. 6mos. 22days.**
(Specify whether _____)

In this community **18yrs. 11mo. 10days.**
(years, months or days)

3. (a) PRINT FULL NAME **Edward Womack**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **Aug. 8, 1923**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	17	11	10	hr: _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business **Nil**

12. Name **Frank Womack**

13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ella Young**

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

16. (a) Informant **Ella Clare**

(b) Address **Fredericktown, Missouri**

17. (a) **Burial** (b) Date thereof **July 21, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **A.W. McLaughlin**
(b) Address **2301 Lafayette Avenue**

19. (a) **Jul 21 1941** (b) **J. W. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **St. Louis** (b) County **17**

(c) City or town **Missouri** **13 26**
(If outside city or town limits, write "RURAL")

(d) Street No. **913 Mound St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**
year **1941** hour **4:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **7-1-40** 19____ to **7-18-41** 19____;
that I last saw him alive on **7-18-41** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: _____
Duration _____

Juvenile Paresis (onset 7-1-40x)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death): _____

Major findings: _____

Of operations _____

Of autopsy **Yes.**

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 **J. R. [Signature]** (M. D. or other) **D**
Address _____ 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.....

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

working under my personal supervision.

Signed

Paul A. Keith

Licensed Embalmer No.

3612

P. O. Address

2317 Lafayette

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.