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4-41
7-39
DX26390

DEC 22 1941 791

Registration District No.....

Primary Registration District No.....1003

Registrar's 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:
Home r Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 8 days
(Specify whether

In this community... 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County.....

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

(d) Street No... 1415 N. Newstead
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Golia Wimberley

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... Arthur Wimberley 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... APR 14 - unknown - 1902
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26, 1941
year..... hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1941
..... 19..... to Nov. 26, 1941 19.....
that I last saw her alive on November 26, 19 41
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
39 - - - hr. min.

9. Birthplace... Augusta Ark-1
(City, town, or county) (State or foreign country)

10. Usual occupation... House wife

11. Industry or business.....

MOTHER FATHER { 12. Name Alex Currie

{ 13. Birthplace... ARK-1
(City, town, or county) (State or foreign country)

{ 14. Maiden name... Isabella Bayliss

{ 15. Birthplace... Ark
(City, town, or county) (State or foreign country)

16. (a) Informant... Arthur Wimberley

(b) Address... 1415 N. Newstead

17. (a) Buried (b) Date thereof 11-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Augusta Ark.

18. (a) Signature of funeral director... John Harrison

(b) Address... 2906 A. Guyton Blvd.

19. (a) NOV 27 1941 (b) J. P. Brudeck
(Date received local registration) (Registrar's signature)

Immediate cause of death... Acute Hepatitis
not from chronic

Due to... State

Due to.....

Other conditions... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

1256

Duration
One Week

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... J. P. Brudeck (M. D. or other)
Address 2600 Whittier Date signed 11-27-41

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

Signed: Clark Young

Licensed Embalmer No. 3371

P. O. Address St Johns

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.