

Registration District No. **100 22 1941**

Primary Registration District No. **200**

Registrar's No. **2550**

1. PLACE OF DEATH:
 (a) County **ST. LOUIS**
 (b) City or town **KOCH**
 (c) Name of hospital or institution: **ROBERT KOCH HOSP. D**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **138 days**
 (Specify whether years, months or days)
 In this community _____

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. **3751 FINNEY**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **VANESSA WILLIAMS**
 3. (b) If veteran, name war **NO**
 3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **DEC.** day **13**
 year **1941** hour **5** minute **15** P.M.
 21. I hereby certify that I attended the deceased from **JULY 25**
 1941 to **DEC. 13** 1941;
 that I last saw **h-y** alive on **DEC 13** 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 **SINGLE**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **3 - 28 - 1924**
 (Month) (Day) (Year)

Immediate cause of death **Pneumonia Tuberculosis**
 Duration **5 mo?**

8. AGE: Years **17** Months **8** Days **15**
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace **HOPKINSVILLE KY. 1**
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation **STUDENT**
SCHOOL

Major findings: Of operations **13X1**
 Of autopsy _____

11. Industry or business _____
 12. Name **FORREST WILLIAMS**
 13. Birthplace **FAIRVIEW KY. 1**
 (City, town, or county) (State or foreign country)
 14. Maiden name **DOROTHY SHANKLIN**
 15. Birthplace **HOPKINSVILLE KY. 1**
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **PATIENT.**
 (b) Address **3751 Finney Ave.**

While at work _____ (Specify type of place)
 (e) Means of injury **0**

17. (a) **Burial** (b) Date thereof **12/18/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Washington Park Cem.**

23. Signature **James S. Rowland** (M. D. or other) _____
 Address **Rob Hosp. Koch, MO** Date signed **12/24/41**

18. (a) Signature of funeral director **Chas. [unclear]**
 (b) Address **4107 Finney Ave.**
 19. (a) **DEC 17 1941** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

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

DEC 19 1947

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.

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.