

REG JAN 24 1941
Registration District No. 1791

Primary Registration District No. 1003

Registrar's No. 9849

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(c) Name of hospital or institution: 4132 A Enright Avd
(d) Length of stay: In hospital or institution _____
In this community About 30 years

3. (a) PRINT FULL NAME Lee Washington

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

4. Sex Male 5. Color or race Colored
6. (a) Single, widowed, married, divorced Widow wed

6. (b) Name of husband or wife Malinda Washington
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years About 61 Months _____ Days _____ If less than one day _____ hr. _____ min. _____

9. Birthplace Marlton Ark (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Laborer

11. Industry or business _____

12. Name Jessie Washington

13. Birthplace Greenville Miss (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Wendy Thomas

15. Birthplace Greenville Miss (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Robertson Mo.
(b) Address Burial

17. (a) _____ (b) Date thereof 12-13-41
(c) Place: burial or cremation Father Dickson Church

18. (a) Signature of funeral director A. I. Beal Und Co.
(b) Address 726 Lucas Ave.

19. (a) DEC 13 1941 (Date received local registrar) _____ (Registrar's signature) J. F. Bredeek

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 17
St. Louis, Mo.
(c) City or town _____
(d) Street No. 4132 A Enright Ave
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8 year 41 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 12/8 1941, to 12/8 1941, that I last saw him alive on 12/8 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to _____
Other conditions _____

Major findings: Of operations _____
Of autopsy _____

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? _____

(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. F. Bredeek (M. D. or other) _____
Address 117 1/2 Jefferson Date signed 12/10

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

Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 2649 Delmar

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, above space should be left blank.