

JAN 24 1941  
Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 10204

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days (Specify whether  
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, 25 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 812 N. 13th St. 9  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22, 1941  
year ..... hour 7 minute 55 A. M.  
21. I hereby certify that I attended the deceased from December 11,  
1941 to December 22, 1941;  
that I last saw her alive on December 22, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Gen. Arteriosclerosis  
Arteriosclerotic Heart Disease  
Due to.....  
Due to.....  
Other conditions  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....  
Duration  
Unk.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Isabella Rollins  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race C  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife MARION 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 71 hr. min.

9. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
10. Usual occupation HOUSEWORK

11. Industry or business.....  
12. Name UNKNOWN  
13. Birthplace " (City, town, or county) (State or foreign country)  
14. Maiden name "  
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Bernice Taylor  
(b) Address 1019 2 1/2 St  
17. (a) BURIAL (b) Date thereof 12-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood  
18. (a) Signature of funeral director Bernice Taylor  
(b) Address 3103 Washington  
19. (a) DEC 24 1941 (b) J. F. Ordeek  
(Date received for record) (Registrar's signature)

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 0  
23. Signature J. W. Johnson (M. D. or other)  
Address 2021 Whittier Date signed 12-22-41

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

00  
17  
9

**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 *Melvin Blackburn*

Licensed Embalmer No. *3962*

P. O. Address.....

**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.**