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-40
39
C23159

Registration District No. 791

Primary Registration District No. 1003

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 St. Route H. H. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County _____

(c) City or town St. Louis - 2117
(If outside city or town limits, write "RURAL")

(d) Street No. 510 No. Chamme
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 01 years.

3. (a) PRINT FULL NAME Ernest Lee Washington

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1941 hour 8 minute 30 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race Black

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept 21 1941
(Month) (Day) (Year)

Immediate cause of death Dyscho enteritis malnutrition

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>		hr. min.

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

10. Usual occupation child

11. Industry or business _____

12. Name Ernest Washington

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

14. Maiden name Clara Carey

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

16. (a) Informant James F. Fitzgerald

(b) Address 1300 Clark

17. (a) Anatomical (b) Date thereof 12-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. ...

(b) Address 3500 ...

19. (a) DEC 30 1941
(Date received local registrar)

(b) J. F. ...
(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 pipe)

(c) Means of injury _____

23. Signature Alfred ... (M.D. or other)

Address Republic ... Date signed 12/5/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10380

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.....

Licensed Embalmer No.....

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.