

Registration District No. 791

Primary Registration District No. 1003

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

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State..... (b) County.....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4134 Finney  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30, 1941  
year..... hour 5 minute 30 A. M.  
21. I hereby certify that I attended the deceased from December  
26, 1941 to December 30, 1941;  
that I last saw her alive on December 30, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Hypertensive Heart Disease  
Duration.....  
Unk.  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mary Bell Wilson

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced..... 9

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

7. Birth date of deceased Feb. 5th 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Greenville, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business.....

12. Name George Forbey

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

14. Maiden name Elizabeth Johnson

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

16. (a) Informant Charles Forbey

(b) Address 4139 Finney Ave.

17. (a) Burial (b) Date thereof 1/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Mary Wade  
4202 Finney Avenue

(b) Address.....

19. (a) DEC 31 1941 J. J. Proctor  
(Date received local registrar) (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.....

23. Signature J. W. Johnson (M. D. or other).....

Address 2601 Whittier Date signed 12-31-41

**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.**