

FILED FEB 24 1942

1003

Registration District No. 791

Primary Registration District No.

Registrar's No. 10346

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution.....
In this community..... 30 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4211 Kenneby
(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 25th
year 1941 hour 6:50 minute A M.
21. I hereby certify that I attended the deceased from December
17th 1941 to December 25 1941;
that I last saw her alive on December 25 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death..... general peritonitis Duration.....
Due to..... partial intestinal obstruction
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: large fibroid PHYSICIAN.....
Of operations non-malignant uterus
Of autopsy colitis, thickened
bowel, hypertensive pneumonia
Underline the cause to which death should be charged statistically.

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 L. S. Davis (M. D. or other) M.D.
Address 1526 E. Papin St. Date signed 12-28-41

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

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Aug 25 1905
(Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Starkville Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business.....
12. Name Sylvesta Howell
13. Birthplace Starkville Miss
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Gibson
15. Birthplace Starkville Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvesta Howell
(b) Address 555 So 23rd St
17. (a) Buried (b) Date thereof 12-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks
18. (a) Signature of funeral director J. J. Wilson
(b) Address 7709 E. Chestnut
19. (a) DEC 28 1941 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

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

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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. 2498

P. O. Address. 2769 Chouteau

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.