

FILED FEB 16 1942
Registration District No. 789

Primary Registration District No. 200

Registrar's No. 275

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo 11 days
(Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

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

(d) Street No. 984 Hodinont
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BESSIE RAYMOND

3. (b) If veteran, name war NO

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 23 1941 to Feb 3 1942
that I last saw her alive on Feb 3 1942
and that death occurred on the date and hour stated above.

4. Sex F 3. (a) Single, widowed, married, divorced married

5. Color or race N

6. (b) Name of husband or wife Lee Raymond

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

7. Birth date of deceased Aug 4 1911
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration 8 mos +

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

30 5 30 _____ hr. _____ min.

9. Birthplace Good Pine La
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Sherman Brewer

13. Birthplace _____ ? 9
(City, town, or county) (State or foreign country)

14. Maiden name Fairrille Belle

15. Birthplace Clarkville Tex 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record

(b) Address Robert Koch Hospital

17. (a) Burial (b) Date thereof 2-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. B. Beal

(b) Address 2726 Lucas Ave.

19. (a) FEB 5 1942 (b) E. J. Mc...
(Date received local registration) (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 1

23. Signature Frank Cohen (M. D. or other) MD

Address Robert Koch Hosp Date signed 2/3/42

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

26
00

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 R. Hilliard*.....

Licensed Embalmer No. *4221*.....

P. O. Address. *2649² Delmar Blv*.....

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.