

5. No. 2
-1-4-41
5-17-39
I X26390

FILED MAR 17 1942
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 Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether _____)

In this community 31 years
years, months or days

3. (a) PRINT FULL NAME Annie Douglas

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 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 Unavailable 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 55 _____ hr. _____ min.

9. Birthplace Unavailable Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Laundress

11. Industry or business Day work

12. Name Unavailable

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

14. Maiden name Harriett Dorsey

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

16. (a) Informant Mary Hughes

(b) Address 3432 Lawton Avenue

17. (a) Burial (b) Date thereof 2/24/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) FER 21 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 COO

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 17

(d) Street No. 3410 Pine
(If rural, give location) 9

(e) Citizen of foreign country? _____
(Yes or No) 9

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19,
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 2,
1942 to February 19, 1942;
that I last saw her alive on February 19,
and that death occurred on the date and hour stated above. 1942;

Immediate cause of death:
Cancer of Cervix (Squamous)
Secondary Anemia

Duration
1 year
6 mos.

Due to _____

Due to _____

Other conditions:
(Include pregnancy within 3 months of death) NO

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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 James F. Bodden (M. D. or other) 1

Address 2601 Whittier Date signed 2/20/42

STATEMENT BY LICENSED EMBALMER

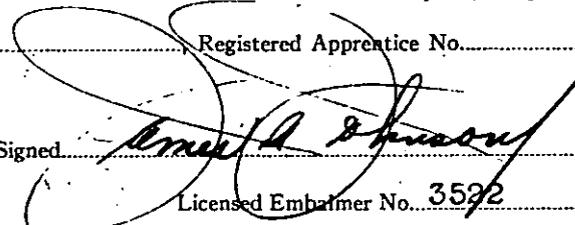
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address. **4107 Finney Avenue**

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.