

FILED APR 20 1942
Registration District No. **100**

Primary Registration District No. **100**

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: 2805^a Easton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community sent 1922
years, months or days 20yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2805a Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1942 hour 6:00PM minute _____ M. _____
21. I hereby certify that I attended the deceased from Jan 1 -
1942 to April 10 1942
that I last saw her alive on April 10 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Robert's Meningitis 8 days Duration _____

Duration

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 9 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 Re Roy Cable (M. D. or other) _____
Address 1203 Greenwood Ave Date signed 4-14-42

3. (a) PRINT FULL NAME Mary E. Harrington

3. (b) If veteran, name war No. 3. (c) Social Security No. none

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

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

7. Birth date of deceased May 10 1873
(Month) (Day) (Year)

8. AGE, Years 68 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation nil

MOTHER FATHER

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Lillie Taylor

(b) Address 2805a Easton Ave.

17. (a) Burial (b) Date thereof April 10, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.
Dement & Son

(a) Signature of funeral director 2651 Cole Street

(b) Address _____

19. (a) APR 14 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

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

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 *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *2649 Delmar Blvd*

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.