

FILED APR 13 1942

State File No.

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 2679

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 Hrs. 45 Min
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11 000 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4313^A Cozens Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12
year 1942 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from 3:00 AM
2-12 19 42 o. 1:45 PM 19 42
that I last saw her alive on 2-12 19 42
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced NB
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased. 2 12 42
(Month) (Day) (Year)

Immediate cause of death Prematurity Duration

8. AGE: Years Months Days If less than one day
10 hr. 45 min.

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Mell Sherrell
15. Birthplace Mayfield Kentucky
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Kathleen M. Mayo Sherrell
(b) Address 2601 N. Whittier Street
17. (a) Burial (b) Date thereof MAR 26 1942
(Burial, cremation, or removal) (Month)-(Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

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?

18. (a) Signature of funeral director J. F. Bredeck
(b) Address City Health Dept.
19. (a) MAR 20 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature L. Barrett (M. D. or other)
Address 2601 N. Whittier St. Date signed

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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.....

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.