

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 1000

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 8 days
(Specify whether years, months or days)
 In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 1010 No. 14th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
 year 1942 hour 8 minute 05 A. M.
 21. I hereby certify that I attended the deceased from March 6,
1942 to March 14, 1942
 that I last saw her alive on March 14, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Diabetes Mellitus
Cancer of St. omach
 Duration Unknown

3. (a) PRINT FULL NAME Geneva Price

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 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: 4 23 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Monroe County Ark
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Winston Wade
 13. Birthplace TENN
(City, town, or county) (State or foreign country)
 14. Maiden name Catie Love
 15. Birthplace TENN
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Wade
 (b) Address 1410 2nd St
 17. (a) BURIAL (b) Date thereof 3-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Mary Wade
 (b) Address 4202 Spring Ave
 19. (a) WAD (b) J. F. C. [Signature]
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy _____

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature J. W. Johnson (M. D. or other) _____
 Address 2601 70th St Date signed 3/14/42

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

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7
9

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.....

S. J. Watson
Licensed Embalmer No. *2698*

P. O. Address. *2769th Street*

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.