

FILED MAY 2 1942 791
Registration District No.

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
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community Life Time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County.....
 (c) City or town St. Louis 18⁰⁰ 17⁰⁰
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4207 Papin 9
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 26
 year 42 hour 3 minute 50 A.M.
 21. I hereby certify that I attended the deceased from 4-26-42 to 4-26-42 1942
 that I last saw her alive on 4-26-42
 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 Widow
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Dec 15 1879
 (Month) (Day) (Year)

Immediate cause of death Hypertensive Heart Disease
 Due to.....
 Due to.....
 Other conditions (include pregnancy within 3 months of death) 930
 Major findings: Of operations 930
 Of autopsy.....

8. AGE: Years 69 Months 4 Days 14
 If less than one day hr. min.

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housework

11. Industry or business Edward Moore

12. Name Edward Moore

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

14. Maiden name Hannah Logan

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

16. (a) Informant Beasie Pinkney

(b) Address 4207 Papin

17. (a) Burial (b) Date thereof 4-29-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood City

18. (a) Signature of funeral director Arthur Brodusko

(b) Address 3644 K Family Ave

19. (a) ADD 20 1012 (b) J. J. Bredack
 (Date received by registrar) (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.....
 23. Signature Lucius H. Davis M.D. (M. D. or other)
 Address 1536 Papin Date signed 4-29-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Ronald V. Atkins

Licensed Embalmer No.

2842

P. O. Address

3644 Finneya

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.