

FILED MAY 19 1942 91

Registration District No. \_\_\_\_\_ Primary Registration District No. 13160

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:  
route City Hosp #2 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community 25 yrs  
years, months or days)

3. (a) PRINT FULL NAME Carrie Washington

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 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 April 6 1856  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 27  
If less than one day hr. min.

9. Birthplace Twiggs County GA.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business None

MOTHER FATHER { 12. Name Wilson Jones

{ 13. Birthplace W. A. Jones, Ga.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Curtis

{ 15. Birthplace Macon Ga.  
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Randle

(b) Address 3133 Bell ave

17. (a) burial (b) Date there of 5-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walton Park Cem.

18. (a) Signature of funeral director J. A. Randle

(b) Address 3133 Bell ave

19. (a) MAV 7 1942 (b) J. F. Priddy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County \_\_\_\_\_

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

(d) Street No. 4113 Comright  
(rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3rd  
year 1942 hour 1:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy. Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 A. Randle (M.D. or other) \_\_\_\_\_

Address 1300 Edgemoor Date signed 5/5/42

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. *A. J. Watson*

Licensed Embalmer No. *269A*

P. O. Address. *2769 Chouteau*

**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.**