

Registration District No. 791

Primary Registration District No. 1003

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

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 14 days  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 13  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2943 Pine (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jennie Harper

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 13,  
year 1942 hour 11 minute 45 P. M.

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

21. I hereby certify that I attended the deceased from April 29, 19 42 to May 13, 19 42  
that I last saw her alive on May 13, 19 42  
and that death occurred on the date and hour stated above.

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

Immediate cause of death Hypertensive Heart Disease Unknown  
Abscess of left mandible

7. Birth date of deceased Oct. 25 1887 (Month) (Day) (Year)

Due to cause of abscess not known

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 9/2/42

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

PHYSICIAN

10. Usual occupation Nil.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Alfred Moore  
13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mason  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Shirley Smith  
(b) Address 2601 N. Whittier

17. (a) \_\_\_\_\_ (b) Date thereof JUN 25 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton  
(b) Address City Health Dept.

19. (a) JUN 24 1942 (Date received local Registrar's) (b) J. J. Bullock (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 0

23. Signature J. W. Johnson (M. D. or other)  
Address 2601 N. Whittier Date signed 5/18/42

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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.**