S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23225

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6640

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis, 9 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2710 Dayton
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Emma Washington

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Don't know

6. (c) Age of husband or wife if alive dead years

Don't know

7. Birth date of deceased ~~Helena~~ Don't know
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
about 87 | | | hr. min.

9. Birthplace Helena (City, town, or county) Ark. 1 (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Don't know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Josephine Smith
(b) Address 6329 Wagner Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Lee J. Sneed
(b) Address 2812 Thomas St.

19. (a) AUG 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27, year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 17, 19 42 to July 27, 19 42 that I last saw her alive on July 27, 19 42 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prob. Sun Storke	
Arteriosclerotic Heart Disease	Unk.
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) 000

(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 S. E. Smith (M. D. or other)

Address 2601 N. Whittier St. Date signed 7/28/42

(Licensed Embalmer's Statement on Reverse Side)

6640

6640

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

My self, Registered Apprentice No.

working under my personal supervision.

Signed R O Houston Jr

Licensed Embalmer No. 22[illegible]

P. O. Address 2812, Thomas St

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.