

FILED FEB 16 1943

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **1172**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 2 days
In this community... 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 S. 3rd St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Sally Mayo

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 wid
6. (b) Name of husband or wife Milton Jones 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased 12 25 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Martin
13. Birthplace Miss 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Richards
(b) Address 1221 S 3rd St.

17. (a) Burial (b) Date thereof 2 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. J. Budek
(b) Address 2601 Lafayette

19. (a) FEB 5 1943 (b) J. J. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1, year 1943 hour 4 minute 35 P. A. M.

21. I hereby certify that I attended the deceased from January 30, 1943, to February 1, 1943; that I last saw her alive on February 1, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension (Arterial) and Arteriosclerosis
Due to Cerebral Hemorrhage

Duration Unknown
3 days

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) (c) Means of injury.....

23. Signature S. E. Smith (M. D. or other) 0
Address 2601 Whittier Date signed 2/2/43

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

MOTHER FATHER

P

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..... *Arthur L. Holliard*.....
Licensed Embalmer No. *4221*
P. O. Address..... *4219th E Garfield*.....

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.