

FILED APR 3 1943 818

Registration District No.

Primary Registration District No.

1003

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: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1722 Belleghde
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Saura Bigham

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 Married
6. (b) Name of husband or wife George A. Bigham 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3-21-1892 (Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name James Haynes
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Georgia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Georgia Bigham

(b) Address 1722 Belleghde Ave

17. (a) Burial (b) Date thereof 3-27-43 (Month) (Day) (Year)
(c) Place: burial Washington PK

18. (a) Signature of funeral director J. J. Smith

(b) Address 4247 N. Hubbard Ave

19. (a) MAD 2-10-43 (b) J. J. Predeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22
year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-11
1943 to 3-22, 1943
that I last saw her alive on 3-22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration 36hr

Due to Thrombotic Heart disease

Due to _____
Other conditions Nephrosclerosis
(Include pregnancy within 3 months of death)

Major findings: 1/31/43
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)
(a) Means of injury _____

23. Signature W. J. Smiley (M. D. or other)
Address 1001-N. Jefferson Date signed 3-24-43

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

Rev. 5-17-39 I 11111

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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, above space should be left blank.