

LED MAR 30 1943

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

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

(d) Length of stay: In hospital or institution **17 days**
6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **000**
17

(c) City or town: **St. Louis,**
(If outside city or town limits, write "RURAL") **721**

(d) Street No.: **2120a O'Fallon**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
0
If yes, name country: _____

3. (a) PRINT FULL NAME: **Phillie Everett**

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17,**
year **1943** hour **1** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **February**
28, 19 **43** to **March 17,** 19 **43:**
that I last saw h **er** alive on **March 17,** 19 **43:**
and that death occurred on the date and hour stated above.

4. Sex: **Female** 5. Color or race: **3 negro** 6. (a) Single, widowed, married: **2 divorced widowed**

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Aug 20, 1857**
(Month) (Day) (Year)

Immediate cause of death: _____
Pulmonary Infarction (right lower lobe
Mural Thrombosis; Nephrosclerosis;
Myoma of Uterus (Autopsy)
Due to: _____ **Unknown**

8. AGE: **86** Years **6** Months **27** Days If less than one day _____ hr. _____ min.

9. Birthplace: **Baden, Miss**
(City, town, or county) (State or foreign country)

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

10. Usual occupation: **farming**

11. Industry or business: _____

MOTHER FATHER { 12. Name: **Jack Potts**

{ 13. Birthplace: **Unknown** 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name: **Unknown**

{ 15. Birthplace: **Unknown** 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: **Thomas Potts**

(b) Address: **1324 Hogard St.**

17. (a) **Burial** (b) Date thereof: **3-22-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Washington Park**

18. (a) Signature of funeral director: **Phillie Robinson**

(b) Address: **1805 Division St.**

19. (a) _____ (b) **J. F. Bedeck**
(Date received local registrar) (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)

(c) Means of injury: _____

23. Signature: **P. E. Smith** (M. D. or other)

Address: **2601 W. Hillier** Date signed: **3/18/43**

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

J. C. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.