

FILED APR 23 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

3417

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 days
(Specify whether
 In this community..... 25 years
years, months or days)

3. (a) PRINT FULL NAME..... Edna Helm

3. (b) If veteran, name war.....
 3. (c) Social Security No. None

4. Sex Female 5. Color or race 3 Negro
 6. (a) Single, widowed, married, divorced, Married

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

7. Birth date of deceased..... Aug 3 1904
(Month) (Day) (Year)

8. AGE: 38 Years 8 Months 6 Days
 If less than one day..... hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Nathaniel Anderson

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

14. Maiden name..... Ketchel Stanley

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

16. (a) Informant..... Rena Kennedy

(b) Address..... 2801 Dayton St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Apr 12, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation..... Washington Pk.

18. (a) Signature of funeral director..... English Ind. Co

(b) Address..... 2931 Suedo ave

19. (a) APR 16 1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Mo. (b) County.....
 (c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL")
2801a Dayton
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9,
 year..... 1943 hour..... 12 minute..... 35 P. M.

21. I hereby certify that I attended the deceased from March 22,
1943 to April 9, 19 43
 that I last saw her alive on April 9, 19 43
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Prob. Rheumatic Heart Disease
 Duration Unk.

Due to.....
 Due to..... 95

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)
 (e) Means of injury.....

23. Signature..... Alva Moore (M. D. or other)
 Address..... 2601 N. Shattuck Date signed..... 4/10/43

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave

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.