

FILED APR 19 1943

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3152

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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 3 mos., 23 days
 (Specify whether _____)
 In this community 38 years
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
 (d) Street No. 2849 Franklin (If rural, give location) 921
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Helen Shovey

3. (b) If veteran, _____ 3. (c) Social Security _____
 name war _____ No _____

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 18th 1900
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 8 13 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Wash Nance
 13. Birthplace Jackson Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Lizzie Hatcher
 15. Birthplace Jackson Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Margaret Boyd

(b) Address 2849 Franklin Avenue

17. (a) burial (b) Date thereof 4/5/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) APR 9 1943 (b) J. J. Brueck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31,
 year 1943 hour 9 minute 05 A.M.
December

21. I hereby certify that I attended the deceased from 8, 1943 to March 31, 1943;
 that I last saw her alive on March 31, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Left Pyriform Sinus Duration 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) _____

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

Address 2601 Whittier Date signed 4/2/43

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

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.....

S. J. Watson

Licensed Embalmer No.....

2498

P. O. Address.....

2769 Chouteau

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.