

FILED APR 23 1943
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3720

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 37 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, Mo.
9 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1423 N. 13th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Georgia Thorpe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18,
year 1943 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from April
14, 19 43 to April 18, 19 43
that I last saw her alive on April 18, 19 43
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Nath Thorpe

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

7. Birth date of deceased Oct. 2 1878
(Month) (Day) (Year)

Immediate cause of death _____

Lobar Pneumonia (autopsy)

Hypertension (History)

Duration 1 week
Unk.

8. AGE: Years 64 Months 6 Days 16
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

100

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

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name George Glenn

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

14. Maiden name Patsy Bowlen

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

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 0

23. Signature Alva Moore (M. Doctor)
Address 2601 Waterloo Date signed 4/20/43

16. (a) Informant Willie Clemmens

(b) Address 1423 N. 13th St.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof April 21, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation McKenzie Tenn.

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

(b) Address 2931 Lucas Ave.

19. (a) APR 21 1943 (Date received local registrar)

(b) J. F. Bredeck (Registrar's signature)

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 Burleson English

Licensed Embalmer No. 4288

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.