

FILED MAY 18 1940

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 429

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3123rd Bell ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 Mos years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

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

(d) Street No. 3123rd Bell ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Pearcie Day Robinson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1943 hour _____ minute 3:50 P.M.

21. I hereby certify that I attended the deceased from 10:00 to 5:00, 1943,
that I last saw him alive on 5th, 1943,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or Race Col

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

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

7. Birth date of deceased April 18 1882
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Uterus

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

<u>61</u>	<u>0</u>	<u>17</u>	hr. _____ min.
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9. Birthplace Kensett Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name John Waddy

13. Birthplace unk Ark 1
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Owens

15. Birthplace unk N.C. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Otto St. Collier

(b) Address 6029 30th St. Detroit Mich

17. (a) Removal (b) Date thereof 5-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kensett Ark

18. (a) Signature of funeral director J. F. Brebeck

(b) Address 3133 Bell ave

19. (a) MAY 8 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy Clinical

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 J. F. Brebeck (M. D. or other) _____

Address 3100th Bell Ave Date signed 5-9-43

Duration Anterior

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *A. J. Walsga*

Licensed Embalmer No..... *269A*

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.