

FILED JUN 4 1943 318

State File No. _____
Registrar's No. 4766

Registration District No. _____ Primary Registration District No. 1003

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: Homer S. Phillips Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 099

(c) City or town St Louis 925
(If outside city or town limits, write "RURAL")

(d) Street No. 1714 Cole Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Florence Rush

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1943 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
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, married

6. (b) Name of husband or wife Cherry 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 25th 1904
(Month) (Day) (Year)

Immediate cause of death _____
Chronic Myocarditis
Cardiac Hypertrophy

Due to _____

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	39	1	25	hr. _____ min. _____

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

10. Usual occupation housework

11. Industry or business _____

MOTHER FATHER { 12. Name Barney Davis

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

14. Maiden name Carrie Lott

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

16. (a) Informant Henry Davis

(b) Address 3128a Sheridan Avenue

17. (a) burial (b) Date thereof 5/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

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

(b) Address 3133 Bell Avenue

19. (a) MAY 24 1943 (b) J. J. Breuck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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)

(b) Means of injury _____

23. Signature J. J. Breuck (M. D. or other) _____

Address 3133 Bell Avenue Date signed 5/24/43

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 Chambers*.....

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.