

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 4966

318

1. PLACE OF DEATH:

(a) County Harrison Phillips Hospital  
(b) City or town St Louis Mo.  
(c) Name of hospital or institution: Harrison Phillips Hospital  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town St Louis  
(d) Street No. 1837 Division  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Francis Suggs

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

4. Sex Female 5. Color or race col. 6. (a) Single, widowed, married, divorced 1 married  
6. (b) Name of husband or wife George Suggs 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased 20 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Mc Cree  
13. Birthplace Miss (City, town, or county) (State or foreign country)  
14. Maiden name Ann  
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant George Suggs  
(b) Address 2134 Division St.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-43 (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park  
18. (a) Signature of funeral director English and Co.  
(b) Address 2931 Broadway Ave  
19. (a) MAY 29 1943 (Date received local registrar) J. T. Blevins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsisemia following infection due to 2nd and 3rd degree burns of both knees. Due to injury in her home from a falling stove about May 5, 1943. Duration

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) Accident  
(b) Date of occurrence May 5 1943  
(c) Where did injury occur? St Louis (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
While at work? no (Specify type of place) (a) Means of injury falling stove  
23. Signature Alfred Perry (M. D. or other) Alfred Perry  
Address St Louis Date signed 5/27/43

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

MOTHER FATHER

976

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**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..... *Permelissa English* .....  
Licensed Embalmer No. *4208* .....  
P. O. Address... *2931 Jo Ann 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.**