

ED AUG 1943 318

Registration District No. Primary Registration District No. Registrar's No. 6931

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

(d) Length of stay: In hospital or institution 4 mos. 13 days
(Specify whether years, months or days)

In this community 8 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3725 ~~W. 11th~~ Vista
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Atkinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race 3 Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cornelius (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Oct 14th 1913
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>9</u>	<u>12</u>	hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Brentiss Jarrigan

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

14. Maiden name Virginia Curing

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

16. (a) Informant Virginia Jarrigan

(b) Address 3212 ~~W. 11th~~ Acleda Ave.

17. (a) Burial (b) Date thereof 7-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. H. Sanderson

(b) Address 3133 ~~W. 11th~~ Bell Ave.

19. (a) JUL 30 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26, year 1943 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from March 18, 1943 to July 26, 1943, that I last saw him ET alive on July 26, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to 1/3

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury

Signature Alvin Moseley (M. D. or other)

Address 2601 ~~W. 11th~~ Vista Date signed 7/22/43

Duration Unk.

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..... *S. J. Watson*
Licensed Embalmer No..... *2698*
P. O. Address..... *2469 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.