

ED AUG 7 1943 818

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: 1442 No 14th St. (Rear)
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 000 1725
(c) City or town St. Louis
(d) Street No. 1442 No 14th St. (Rear)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bettie Washington

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

4. Sex Female 5. Color or race Black 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: abt 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation mb.

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name unknown
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Jessie J. Ferguson
(b) Address 1300 Clark
17. (a) Date of burial, cremation, or removal: 7-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director Wm. R. Curtis
(b) Address _____
19. (a) (Date received local registrar) JUL 30 1943 (b) (Registrar's signature) Wm. R. Curtis

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1943 hour _____ minute 50 A.

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: Chronic Myocarditis
Chronic interstitial nephritis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/21

Major findings: Of operations _____
Of autopsy _____

Duration _____
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) _____
(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 Wm. R. Curtis (M. D. or other) _____
Address St. Louis Date signed 7/27/43

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

64069

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.....

Licensed Embalmer No.....

P. O. Address.....

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.