

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2168

1. PLACE OF DEATH:
(a) County ST LOUIS MO
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3039 CLARK AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 17
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3039 CLARK AVE.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Lizzie Whitley
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 6 year 43 hour 1 minute 10 A. M.
21. I hereby certify that I attended the deceased from 5/10/43 19____ to 8/6/43 19____
that I last saw her alive on 8/5 19____ and that death occurred on the date and hour stated above

4. Sex FEMALE 5. Color of race C
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HARRY 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 5-1887
(Month) (Day) (Year)

Immediate cause of death Unbroken Cocain Duration 4 mos

8. AGE: Years 56 Months 4 Days 1 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation LAUNDRESS

11. Industry or business _____
12. Name WILLIECKIES
13. Birthplace ATLANTA GA
(City, town or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace " "
(City, town, or county) (State or foreign country)

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 _____
23. Signature _____ (M. D. or other) _____
Address 1124 9th St Date signed _____

MOTHER FATHER {
16. (a) Informant Lizzie Whitley
(b) Address 3039 Clark
17. (a) Burial (b) Date thereof 8-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Blissie Stone
(b) Address 3123 Washington
19. (a) AUG 9 1943 (Date received local registration) J. J. Brudick (Registrar's signature)

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 Arthur L. Hilliard

Licensed Embalmer No. 4226

P. O. Address: 4219 E Garfield

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.