

ED SEP 17 1943 18
 Registration District No. _____

Primary Registration District No. **1003**

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

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 mo. 13 days**
(Specify whether)
 In this community **25 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis,** **17**
(If outside city or town limits, write "RURAL") **9 25**
 (d) Street No. **1524 Rear Cole St.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Laura County**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **unk**

4. Sex **Female** 5. Color or race **3 negro** 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 **unknown**
(Month) (Day) (Year)

8. AGE: Years **60** Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **Domestic**

11. Industry or business _____
 12. Name **Alex Gray**
 13. Birthplace **La.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Elsie Johnson**
 15. Birthplace **La.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Hamilton**
 (b) Address **2306 1/2 Franklin Ave**

17. (a) **Burial** (b) Date thereof **9-8-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Atkins Bros**
 (b) Address **3644 Franklin Ave**

19. (a) **SEP 8 1943** (b) **F. Frederick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **4**, year **1943** hour **10** minute **50 P.M.**
 21. I hereby certify that I attended the deceased from **July 22,** 19 **43** on **September 4,** 19 **43** that I last saw her alive on **September 4,** 19 **43** and that death occurred on the date and hour stated above.

Immediate cause of death: **Degenerative Heart Disease**
Auricular Fibrillation

Duration **Unk.**
Unk.

Due to _____

Due to _____

Other conditions: **173**
(Include pregnancy within 3 months of death)

Major findings: **173**

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) _____

(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 **F. Frederick** (M. D. _____)

Address **360 W. Ketter** Date signed **9/11/43**

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 Louis V. Atkinson

Licensed Embalmer No. 2842

P. O. Address 3644 Finney 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.