

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

FILED SEP 17 1943 18

Registration District No. 18

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(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:
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. 10 days
(Specify whether years, months or days)

In this community 11 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis, 9 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2717 Mills
(If rural, give location)

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

3. (a) PRINT FULL NAME Lula Dugger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6,
year 1943 hour 2 minute 05 P. M.

21. I hereby certify that I attended the deceased from July
27, 19 43 to September 6, 19 43
that I last saw her alive on September 6, 19 43
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col

6. (a) Single, widowed, married. 2 divorced Widow

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: about Dec 6th 1889
(Month) (Day) (Year)

Immediate cause of death Carcinoma of rt. breast with Metastasis
Duration Unk.

8. AGE: Years 53 Months 9 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Helena Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Henry Hawkins

13. Birthplace unk Ark 1
(City, town, or county) (State or foreign country)

14. Maiden name Mattie unk

15. Birthplace unk Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Hawkins

(b) Address 2717 Mill Street

17. (a) Burial (b) Date thereof 9-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

(b) Address 3133 Bell Ave

19. (a) SED 9 1062 (b) J. H. Radcliffe
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) W

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) _____

(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 A. M. Jackson M. D. or other _____
Address 2601 W. 10th St Date signed 9/7/43

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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..... *J. J. Watson*

Licensed Embalmer No. *269 F*

P. O. Address. *2769 Charlotte*

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.