

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County **2901. A. Delmar, 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: **2901. A. Delmar**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **(8) years,** (Specify whether years, months or days)
In this community **(8) years,**

3. (a) PRINT FULL NAME **Mrs. Mary Word**

3. (b) If veteran, name war **none,** 3. (c) Social Security No. **none.**

4. Sex **Female** 5. Color or **Colored** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Flemar Word,** 6. (c) Age of husband or wife if alive **deceased**
7. Birth date of deceased **Sept. 8th 1859.**
(Month) (Day) (Year)

8. AGE: Years **84** Months **1** Days **11** If less than one day hr. min.

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

10. Usual occupation **Un-employed (Blind)**

MOTHER FATHER
11. Industry or business
12. Name **Isaac Givens,**
13. Birthplace **Tenn.** (City, town, or county) (State or foreign country)
14. Maiden name **Rebecca**
15. Birthplace **Tenn.** (City, town, or county) (State or foreign country)

16. (a) Informant **Walter Reese**
(b) Address **2901. A. Delmar, Blv'd,**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **10/25/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cemetery**

18. (a) Signature of funeral director **Walter Reese**

(b) Address **2812 Thomas, St. St. Louis, Mo.**

19. (a) **OCT 27 1943** (b) **J. F. Braden**
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **St. Louis,**
(c) City or town **St. Louis,** (If outside city or town limits, write "RURAL")
(d) Street No. **2901. A. Delmar Blv'd,** (If rural, give location)
Born in U.S.O.F.A.
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **19th,**
year **1943.** hour **12:55.** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct 18 - 1943** to **Oct 19 - 1943**,
that I last saw her alive on **Oct. 19 - 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Regurgitation + (heart) 9 days Dropsy**

Due to **degenerations of old aged**
Other conditions **no**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no**
Of autopsy **no**

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) **no**
(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 **L. J. Vincent** (M. D. or other)
Address **2336 1/2 Market, St** Date signed **10-20-43**

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

STATEMENT BY LICENSED EMBALMER

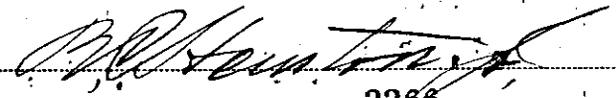
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **2266.**

P. O. Address **2812. Thomas, StLouis, Mo.**

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.