

FILED DEC 13 1943
Registration District No. 318

Primary Registration District No. 1003

10554

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

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: Homer G. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 11 17 9
(d) Street No. 4330 W. Belle Pl. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest A. Washington

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-03-8340

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Bessie Washington 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 29th 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 11 29 _____ hr. _____ min.

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Private family

12. Name Unavailable 9

13. Birthplace Unavailable (City, town, or county) (State or foreign country)

14. Maiden name Unavailable

15. Birthplace Unavailable (City, town, or county) (State or foreign country) 9

16. (a) Informant Ernest Washington

(b) Address 4330 West Belle Place

17. (a) Burial (b) Date thereof 12/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) DEC 1 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28,
year 1943 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from November 23, 1943 to November 28, 1943
that I last saw him alive on November 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemothorax (Autopsy)
Aorto Aneurysm-Ruptured (Autopsy)
Cardiac Hypertrophy } Terminal
Due to non-syphilitic } Unk.

Other conditions (Include pregnancy within 3 months of death)

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) (c) Means of injury _____

23. Signature J. E. Smith (M. D. or other) J. F. Brudeck
Address 2601 Wheeler Date signed 11/29/43

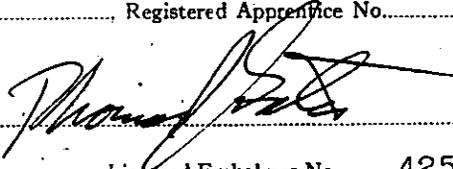
STATEMENT BY LICENSED EMBALMER

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

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....


Licensed Embalmer No..... 4259

P. O. Address... 4107 Finney Avenue

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.