

FILED JAN 5 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4405

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

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Mary Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 days
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 5236ⁿ Broadway
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bernice Foreman

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Paul FOREMAN 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased Jan 18 1911
(Month) (Day) (Year)

8. AGE: Years 32 Months 11 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name Herbert Jackson
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Lena Cole
 15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Paul FOREMAN
 (b) Address 5236ⁿ Broadway
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 23 - 43
(Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Chur

18. (a) Signature of funeral director A. E. Walton
 (b) Address 2707 Stoddard St
 19. (a) DEC 21 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
 year 1943 hour 7 minute 10 A.M.
 21. I hereby certify that I attended the deceased from December 1, 1943, to Dec 18, 1943;
 that I last saw her alive on December 17, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis generalized
Carcinoma of cervix
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____

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 J. R. Williams (M. D. or other) M.D.
 Address 1536 Papin St. St. Louis Date signed 12/20/43

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

Amelia A. Johnson

Licensed Embalmer No.....

3522

P. O. Address.....

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.