S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39974

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11678

1. PLACE OF DEATH:

(a) County St Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri. (b) County

(c) City or town 1St Louis, St 21
(If outside city or town limits, write "RURAL")

(d) Street No. 1413 N 22nd St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rosie Higgins

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race 3 Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Higgins

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 6 March (Month) 2 (Day) 1891 (Year)

8. AGE: Years 52 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Miss (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Albert Neil
13. Birthplace ? (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Rosie ?
15. Birthplace ? (City, town, or county) Miss (State or foreign country)

16. (a) Informant Walter Higgins
(b) Address 1413 N. 22nd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 23
year 1943. hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from December 16, 1943 to December 23, 1943; that I last saw her alive on December 23, 1943. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexxy	12 day
Due to Hypertention	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. E. Smith 0 (M. D. or other)

Address 2601 Whittier Date signed 12/23/43

(Licensed Embalmer's Statement on Reverse Side)

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 Lonnie Boykin, Registered Apprentice No. 7, working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis 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.