

FILED JAN 12 1944
Registration District No. 378

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2427 N. Whittier 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Frances Riley

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

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

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

7. Birth date of deceased Nov. 12 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 13 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name James Watson
13. Birthplace Rodney Miss. /
(City, town, or county) (State or foreign country)
14. Maiden name Martha Brown
15. Birthplace Rodney Miss. /
(City, town, or county) (State or foreign country)

16. (a) Informant Martha McCoy
(b) Address 2427 N. Whittier

17. (a) Burial (b) Date thereof 12-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Super Ave.

19. (a) DEC 28 1943 (b) J. F. Bredack
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis 9 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2427 N. Whittier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1943 hour 4 minute 10 P.

21. I hereby certify that I attended the deceased from Dec 20
1943 to Dec 25, 1943
that I last saw her alive on Dec 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Born Pneumonia Duration 6 days

Due to Influenza

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature W. B. Smiley (M. D. or other) _____
Address 1001 N. Jefferson Date signed 12-27-43

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 Burleson English
Licensed Embalmer No. 4208
P. O. Address 2931 Lucas, Ave.

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.