

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

**FILED MAR 6 1944**

Registration District No. **18**  
Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

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

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

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 26 years  
(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") 17

(d) Street No. 2709 Gamble  
(If rural, give location) 921

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

**3. (a) PRINT FULL NAME** Roxie Low

**3. (b) If veteran,** name war none

**3. (c) Social Security** None

**4. Sex** Female **5. Color or race** Col

**6. (a) Single, widowed, married,** 2 divorced Widow

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased** Feb 15 1874  
(Month) (Day) (Year)

**8. AGE:** Years 70 Months 0 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** \_\_\_\_\_ (City, town, or county) Alabama  
(State or foreign country)

**10. Usual occupation** Laborer Packing House

**11. Industry or business** Packing house

**12. Name** George Washington

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

**14. Maiden name** Jane Washington 9

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

**16. (a) Informant** George Washington

**(b) Address** 104 Highland E. St. Louis, Mo 64144

**17. (c) (a) Place of burial or cremation** Coffin Laid, Ill  
(Burial, cremation, or removal)

**18. (a) Signature of funeral director** \_\_\_\_\_

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

**19. (a) FEB 26 1944** (Date received local registrar) **(b) J. J. Brudeck** (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month February day 23, year 1944 hour 8 minute 00 A. M.

**21. I hereby certify that I attended the deceased from** February 21, 1944, to February 23, 1944; and that death occurred on the date and hour stated above.

that I last saw her alive on February 23, 1944

Immediate cause of death Bronchopneumonia

Metastatic Cancer of Breast

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 50  
(Include pregnancy within 3 months of death)

**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)

Means of injury 0

**23. Signature** J. J. Brudeck (M. D. or other) \_\_\_\_\_

Address 2601 Whittier Date signed 2/24/44

Duration Terminal

Unk.

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

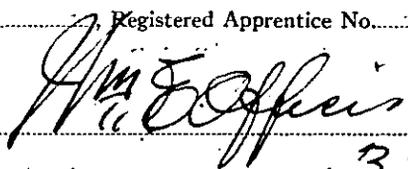
**STATEMENT BY LICENSED EMBALMER**

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

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No. 3518.....

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.