

FILED MAR 27 1944 18 STANDARD CERTIFICATE OF DEATH 1003

State File No. _____
Registrar's No. 2707

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(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 11 days
In this community 18 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. 2025 Cole (If rural, give location) 921
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Georgia Burnett

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben Barnett 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Feb 10 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 1 9 hr. min.

9. Birthplace Pine Bluff Ark. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife
12. Name Philip Young
13. Birthplace Miss /
(City, town, or county) (State or foreign country)

14. Maiden name Laura Dent
15. Birthplace Nemadri Mo /
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Barnett
(b) Address 2025 Cole

17. (a) Removal (b) Date thereof 3/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pine Bluff Ark.

18. (a) Signature of funeral director Benny Love
(b) Address 3103 Washington

19. (a) MAR 9 (b) J. F. Gussack
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 19, 1944
year 1944 day 12 hour 05 minute 05 P. M.

21. I hereby certify that I attended the deceased from March 8, 1944, to March 19, 1944;
that I last saw her alive on March 19, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration Terminal
Uterine Myoma with Degeneration
Due to rupture - Puerperal Unk.

Other conditions _____
(Include pregnancy within 3 months of death) Hypertension

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) (e) Means of injury _____

23. Signature W. L. Smiley (M. D. certifying)
Address 201 W. 11th St. Date signed 3/27/44

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

MOTHER FATHER

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 William C. Gordon
Licensed Embalmer No. 3489
P. O. Address 4575 Aldine

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.