

FILED APR 26 1944

Registration District No. 818 Primary Registration District No. 100 Registrar's No. 3530

1. PLACE OF DEATH: ~~2224 Armstrong St~~  
(c) County St Louis  
(b) City or town St Louis  
(c) Name of hospital or institution: 1223 Armstrong  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 16 yrs  
In this community... 16 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 009  
(c) City or town St Louis 911  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3614 Evans Ave  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country...

3. (a) PRINT FULL NAME: Piggy Grayman  
3. (b) If veteran, name war...  
3. (c) Social Security No. 210

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4/19 day 19  
year 1944 hour 1 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 4/18  
1944 to 4/19 1944  
that I last saw her alive on 4/18 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Apoplexy 2 days

4. Sex F 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... Dead year 1-1915

Duration 2 days  
Due to Apoplexy 6 mo  
Due to Apoplexy  
Other conditions: Apoplexy  
(Include pregnancy within 3 months of death)

8. AGE: Years 48 Months 7 Days 14  
If less than one day hr. min.

Major findings: 83  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace: Essie Queen County Miss  
(City, town, or county) (State or foreign country)  
10. Usual occupation: House work

11. Industry or business  
12. Name: Adam Addison  
13. Birthplace: unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name: Mary Harper  
15. Birthplace: South Carolina S.C.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Louise Tate  
(b) Address: 3614 Evans Ave  
17. (a) Removal (b) Date thereof: 4-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Greenville Miss

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.

18. (a) Signature of funeral director: Gus Lowe  
(b) Address: 2932 Dickson St.  
19. (a) APP 17 1944 J. F. Buresh  
(Date received local registrar) (Registrar's signature)

23. Signature: J. H. Walker (M. D. or other)  
Address: 809 E. Jefferson Date signed: 4/19/44

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

*Clark Manning*

Licensed Embalmer No.

*3371*

P. O. Address

*St. Louis*

**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.**