

FILED MAY 15 1944

1003

Registration District No. **318**

Primary Registration District No.

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos., 13 days
(Specify whether years, months or days)
In this community 5 years

3. (a) PRINT FULL NAME Elaine Washington

3. (b) If veteran, name war XX

3. (c) Social Security No. 433-16-8910

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

6. (b) Name of husband or wife Albert Washington, 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased November 10th (Month) (Day) (Year) 1916.

8. AGE: Years 27 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Morningsport, La. (City, town, or county) (State or foreign country)

10. Usual occupation Small Arms Plant,

11. Industry or business Shakespear Lindsey,

12. Name Louisiana.

13. Birthplace Rosie Washington, (City, town, or county) (State or foreign country)

14. Maiden name Louisiana.

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

16. (a) Informant Hertha Lindsey

(b) Address 17359 St. Ferdinand

17. (a) Burial (b) Date thereof 5/10/44. (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood Cem.

18. (a) Signature of funeral director 2812 Thomas, St. St. Louis, Mo.

(b) Address MAY 8 1944

19. (a) J. Fredect (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 2509 N. Sarah (If rural, give location)
(e) Citizen of foreign country? Born, in U.S.O.F.A. (Yes or No)
If yes, name country U.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8, year 1944 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from February 25 1944, to May 8, 1944;

that I last saw h. or alive on May 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Amebic Abscess of liver and lungs Duration Unk.

Imp. Non-tuberculous

Due to h

Due to h

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) (a) Means of injury

23. Signature Alva Moore (M. D. or other)

Address 2601 Whittier Date signed 5/12/44

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

2
43
39
35897

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. *myself.*

Signed *[Signature]*.....

Licensed Embalmer No. *2812*.....

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.