

FILED JUN 9 1944

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **4906**

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:
Homer J G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community 19 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis 1722
(If outside city or town limits, write "RURAL") 922
(d) Street No. # 20 So. 22nd St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Catherine Bishop

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

4. Sex Female 5. Color or race 3 Col 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 4th years (Day) (Year)

7. Birth date of deceased Nov. 4th 1909
(Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Jackson Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business.....

MOTHER FATHER { 12. Name John Brown
13. Birthplace Jackson Tenn
(City, town or county) (State or foreign country)
14. Maiden name Lula Hunt
15. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant John Evans
(b) Address 2419 Dickson St

17. (a) Burial (b) Date thereof 5-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) MAY 29 1944 (b) J. F. Prueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
year 1944 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia (Tubercular)
Corruption of Liver

Due to.....

Due to.....

Other conditions. 13
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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)
of Means of injury 0

23. Signature Thomas F Callan (M. D. or other).....
Address Deputy Coroner Date signed 5-29-44

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 L. Boyer

Registered Apprentice No. my

working under my personal supervision.

Signed L. Boyer

Licensed Embalmer No. 294

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.