

FILED JUN 19 1944

Primary Registration District No. 1003

Registrar's No. 5244

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 G. Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 0 (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3412 A Laclede Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME

Mammie Yancey

3. (b) If veteran,
name war.....

3. (c) Social Security
No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1944 hour..... minute..... 6 A.M.

21. I hereby certify that I attended the deceased from May 30 1944 to June 4 1944
that I last saw him alive on June 3rd 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral hemorrhage

Duration

Due to.....

Due to.....

Other conditions
(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..... (Place)
Means of injury.....

23. Signature W. Sealor (M. D. or other)
Address 2742 Franklin Date signed.....

8. AGE: Years Months Days If less than one day
52 11 27 hr. min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business.....

12. Name Henry Briggs

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

14. Maiden name Elizabeth

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

16. (a) Informant Elizabeth Green

(b) Address 3412^a Laclede Ave

17. (a) Burial (b) Date thereof 6-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

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

(b) Address 2820 Stoddard St

19. (a) JUN 8 (b) 1944
(Date received local registrar) (Registrar's signature)

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..... *Lonnie Baglin*
Licensed Embalmer No. *2946*
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.