

FILED JUL 21 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6183

1. PLACE OF DEATH:

(a) County St Louis
 (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 Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 mos; 8 days
 (Specify whether years, months or days)
 In this community 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2733a Franklin
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Marion Hampton

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

4. Sex Female 5. Color or race 3 race 6. (a) Single, widowed, married, divorced 1 divorced married
 6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased March 19th 1910
 (Month) (Day) (Year)

8. AGE: Years 34 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Aberdeen miss
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Garrett Howard
 13. Birthplace Aberdeen miss
 (City, town, or county) (State or foreign country)
 14. Maiden name Stevens Sykes
 15. Birthplace Aberdeen miss
 (City, town, or county) (State or foreign country)

16. (a) Informant William Hampton
 (b) Address 2733a Franklin Ave
 17. (a) Burial (b) Date thereof 7-13-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Hendle & Son
 (b) Address 3133 Bellvue
 19. (a) JUL 18 1944 (b) J. F. Budick
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
 year 1944 hour 3 minute 33 P. M.
 21. I hereby certify that I attended the deceased from 3-31 to 7-8, 1944
 that I last saw h. ET alive on 7-8, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Tumor of Brain About 3 yrs
Astrocytoma

Due to 5H
 Due to ---
 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) (e) Means of injury ---
 23. Signature W. J. Erwin (M. D. ---)
 Address 2601 N Whittier St Date signed 7/10/44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *S. J. Watson*
Licensed Embalmer No. *2498*
P. O. Address *2769 Chautauque*

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.