

FILED AUG 14 1944

State File No. _____

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 6891

1. PLACE OF DEATH:

(a) County _____

(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 1 mo, 21 days
Life (Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 120 E. Haven
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine ~~Harris~~ Walker

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

4. Sex FEMALE 5. Color or race C 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife GRIFFIN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1-3-1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3,
year 1944 hour _____ minute 55 P. M.

21. I hereby certify that I attended the deceased from June 13, 1944 to August 3, 1944.
that I last saw her alive on August 3, 1944,
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 7 Days 0 If less than one day _____ min.

9. Birthplace ST LOUIS, MO
(City, town, or county) (State or foreign country)

10. Usual occupation MAID

Immediate cause of death Carcinoma of Gastro-intestinal tract Duration Unknown

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Ho Of autopsy _____

11. Industry or business _____

12. Name FRANK GIVENS

13. Birthplace PACIFIC, MO
(City, town, or county) (State or foreign country)

14. Maiden name JULIA EVANS

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

16. (a) Informant Mary Sullivan
(b) Address 3527 Market

17. (a) BURIAL (b) Date thereof 8-8-44
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. H. Brewer While at work? _____ (e) Means of injury _____
(b) Address 3103 Washington

19. (a) AUG 7 1944 (Date received local registrar) J. F. Brodeur (Registrar's signature) Address 2601 Thutcher Date signed 8/12/44

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? _____

(Specify type of place)

23. Signature H. H. Brewer (M. D. or other) _____
Address _____ Date signed _____

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..... *W. Claude Gordon*

Licensed Embalmer No. *3459*

P. O. Address..... *7575 Aldine*

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.