

FILED SEP 18 1944 8

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer Phillips Hospital** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo., 19 days**
(Specify whether
In this community **2 years**
years, months or days)

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. **1604 Glasgow**
(If rural, give location)
(e) Citizen of foreign country? **(Yes or No)**
If yes, name country **0**

3. (a) PRINT FULL NAME **Mary Bell Doss**

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

4. Sex **female** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **July 24 1928**
(Month) (Day) (Year)

8. AGE: Years **18** Months **1** Days **14** If less than one day hr. _____ min. _____

9. Birthplace **Macon Miss**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unk.**

11. Industry or business _____

12. Name **Cutie Doss**

13. Birthplace **macon miss**
(City, town, or county) (State or foreign country)

14. Maiden name **Christina Holman**

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

16. (a) Informant **Cutie Doss**

(b) Address **macon miss**

17. (a) **Burial** (b) Date thereof **Sept 14-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **macon miss**

18. (a) Signature of funeral director **J. Watson**

(b) Address **2769 Chateaufort**

19. (a) **SEP 11 1944** (b) **J. Bedeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **7**,
year **1944** hour **1** minute **00** P. M.

21. I hereby certify that I attended the deceased from **July 19, 1944** to **September 7, 1944**;
that I last saw **her** alive on **September 7, 1944**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia (Autopsy)**

Duration **Undet.**

Due to _____

Due to **107**

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 **0**

23. Signature **W. R. Smiley** (M. D. or other) _____

Address **260 N. Whittier** Date signed **9/8/44**

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

MOTHER, FATHER

844

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.