

FILED SEP 30 1944 18

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town _____
(c) Name of hospital or institution:
St. Mary's Infirmary 1536 Papin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Louisiana (b) County _____
(c) City or town Monroe
(If outside city or town limits, write "RURAL")
(d) Street No. 1900 Denard St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20
year 1944 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from September 18
1944, 19____, to September 20, 1944;
that I last saw h. er. alive on September 20, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Duration Sudden

Due to Carcinoma of Breast R. 1 yr.

Due to _____

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

Major findings:
Of operations _____

Of autopsy Embolism, pulmonary

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)
Means of injury _____

23. Signature William H. Hubbert (M. D. or other) _____
Address 4503 E. Poye Date signed 9/24/44

3. (a) PRINT FULL NAME Pierce, Sarah

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Oct. 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 46 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Clayton La
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Domestic

12. Name DAVE HALL

13. Birthplace Clayton La
(City, town, or county) (State or foreign country)

14. Maiden name Munier Carter

15. Birthplace Clayton La
(City, town, or county) (State or foreign country)

16. (a) Informant Payton Pierce

(b) Address 1900 Denard St.

17. (a) REMOVAL (b) Date thereof 9-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe, La

18. (a) Signature of funeral director Walter Stoddard

(b) Address 2707 Stoddard St.

19. (a) SEP 22 1944 (b) _____
(Date received local registrar) (Registrar's signature)

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

999
R/S
N/O

50

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

Chester A. Marshall

Registered Apprentice No. _____

working under my personal supervision.

Signed

Chester A. Marshall

Licensed Embalmer No.

4381

P. O. Address

St. Louis, Mo. 4302 Fern

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.