

FILED OCT 13 1944

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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 4 mos. 3 days  
In this community 8 years 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruth Tatum

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 married  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive about 30 years  
7. Birth date of deceased 8 1 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 2 7 hr. min.

9. Birthplace Humphrey Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business

12. Name Walter Jordan

13. Birthplace Unknown Ark. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Jones

15. Birthplace Unknown Ark. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Jones

(b) Address 2820 ad Stamble

17. (a) Removal (b) Date thereof 10-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humphrey, Ark.

18. (a) Signature of funeral director W. J. Walton

(b) Address 2707 St. Charles

19. (a) OCT 6 1944 (b) J. B. Bredek  
(Date received local registrar) (Registrar's signature)

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. 4201a West Finney  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country U.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5, year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 2, 1944 to October 5, 1944  
that I last saw her alive on October 5, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Duration Unk.

Due to H8

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) Means of injury

23. Signature H. M. Mitchell (M. D. Missouri)

Address 2601 N. W. 11th Date signed 10/6/44

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~~.....

*Chester A. Marshall*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Chester A. Marshall*

Licensed Embalmer No. ....

*43, 81*

P. O. Address

*438 2 Jimmy A*

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.