

FILED NOV 30 1944
318

State File No. _____
Registrar's No. 9834

Registration District No. _____ Primary Registration District No. 1003

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:
3858 Evans Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. (Specify whether
In this community 4 yrs. years, months or days)

3. (a) PRINT FULL NAME EDDIE MAPSON

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 Widow
6. (b) Name of husband or wife Joe Mapson 6. (c) Age of husband or wife if alive 10 years (Day) (Year)

7. Birth date of deceased March 10 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Pickens Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Moore
15. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Hoggins
(b) Address 3858 Evans Ave

17. (a) Burial (b) Date thereof 11-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Gr. Ellis Funeral Home

18. (a) Signature of funeral director 2820 Stoddard St.
(b) Address

19. (a) NOV 20 1944 (b) _____
(Date received local registrar) (Registrar's signature)

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. 3858 Evans Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 15
1944 to Nov 15 1944
that I last saw him alive on Nov 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration _____
Diabetic Mellitus

Due to _____

Due to _____

Other conditions W
(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 E. J. Moore (M. D. or other) _____
Address 809 N. Jefferson Date signed 11-17-44

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 Fulton E. Culkin
Licensed Embalmer No. 4198-
P. O. Address St. Louis 13. Mo

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.