

FILED OCT 18 1945

1003

Registration District No. _____ Primary Registration District No. _____

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:
Homer G Phillips 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 999

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

(d) Street No. 2601 N. Whittier
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Henrietta Coates

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex 7 13 5. Color or race Col.

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Peter Coats

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 3 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>1</u>	<u>12</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Homey

12. Name Henry Strong

13. Birthplace Richmond Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Daniels

15. Birthplace Richmond Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Coats

(b) Address East St. Louis, Ill.

17. (a) East St. Louis, Ill. (b) Date thereof Sept 30 45
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis

18. (a) Signature of funeral director J. E. Officer

(b) Address East St. Louis, Ill.

19. (a) SEP 29 1945 J. F. Bredeet
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1945 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept. 20, 1945, to Sept. 24, 1945
that I last saw her alive on Sept. 24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions 13
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

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 _____

23. Signature W. B. Bernard (M. D. or other)
Address 2601 N. Whittier St. Date signed 9/26/45

Duration Unk

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address: *4575 Aldine St.*

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.