

FILED NOV 29 1945
318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(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 Phillips Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 days
(Specify whether _____)

In this community 2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") **2/17**

(d) Street No. 2643 Pine St
(If rural, give location) **9**

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME CARRIE PRICE

3. (b) If veteran, name war No

3. (c) Social Security No. 499-28-4500

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1945 hour 9 minute 5 P M.

21. I hereby certify that I attended the deceased from 10-4, 1945, to 11-18, 1945, that I last saw her alive on 11-18, 1945, and that death occurred on the date and hour stated above.

4. Sex 3 FEMALE

5. Color or race COL

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

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

7. Birth date of deceased 3-15-1907
(Month) (Day) (Year)

Immediate cause of death:
Mixed Tumor (malignant) of Cervix with Metastasis.

Due to _____

Due to _____

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

8. AGE: Years 38 Days 8-3 If less than one day _____ hr. _____ min.

9. Birthplace COLOMBUS MISS
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business Private Family

12. Name Henry Williams

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

14. Maiden name Viney Perkins

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

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 _____

16. (a) Informant Eliza Evans

(b) Address 2643 Pine St

17. (a) removal (b) Date thereof 11-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus Miss

18. (a) Signature of funeral director Wm. Vacker

(b) Address 281/2 Cassan

19. (a) NOV 23 1945 (Date received local registrar)

J. F. Budeck (Registrar's signature)

23. Signature C. J. Hancock (M. D. or other)

Address 2601 N. Whittier Date signed 11/20

Duration Unk

PHYSICIAN H. G. ...

Underline the cause to which death should be charged statistically.

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 _____

Charles L. Howell

Licensed Embalmer No. *2452*

P. O. Address. *2834 Assembly*

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.