

7. S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED MAR 2 1946
Registration District No. 318

Primary Registration District No. 100

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

(d) Length of stay: In hospital or institution 6 mos
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4258 W. St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GRACE REDDICK

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 Courtland 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct. 28 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	42	3	9	hr. min.

9. Birthplace Defiance Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitress

11. Industry or business Lueking Transfer Co.

12. Name Jim Johnson

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

14. Maiden name Miriam Bush

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

16. (a) Informant Courtland Reddick
(b) Address 4423a Page

17. (a) Burial (b) Date thereof 2-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) FEB 9 1946 (b) J. J. Brasch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1946 hour 7 minute 55 A M.

21. I hereby certify that I attended the deceased from Sept. 4 1946 to Feb. 7 1946
that I last saw her alive on Feb. 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cecum with Pulmonary Metastasis Duration Unk

Due to _____

Due to _____

Other conditions Liver Abscess Duration Unk
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy Yes

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) (e) Means of injury _____

23. Signature C. Reddick (M. D. or other) _____
Address 2601 N. Whittier Date signed 2/9/46

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.....

.....Thomas J. Gates....., Registered Apprentice No.....

working under my personal supervision.

Signed..........

..... Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Ave......

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.