

FILED MAR 27 1946
 318

1003

Registration District No. 318 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:
Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0 (Specify whether
 In this community 5 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL") 21
 (d) Street No. 512 N. Channing Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CLAUDIA RUSSELL
 3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 10th
 year 1946 hour 2 minute 30 A. M.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw h. _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charlie
 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased March 17, 1908
 (Month) (Day) (Year)

Immediate cause of death _____
 Due to Cervical Strabismus
 Due to 94%
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
37 11 23 hr. _____ min.

9. Birthplace Hot Springs, Arkansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name Joseph Mayo
 13. Birthplace Unavailable S. C.
 (City, town, or county) (State or foreign country)
 14. Maiden name Maggie White
 15. Birthplace Auburn Ala.
 (City, town, or county) (State or foreign country)
 16. (a) Informant George Mayo
 (b) Address 4832 Fountain

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof Mar. 16, '46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Father Dickson Cem.
 18. (a) Signature of funeral director Chas. J. Gates
 (b) Address 4107 Finney Ave.
 19. (a) MAR 14 1946 J. F. Braddock
 (Date received local registrar) (Registrar's signature)

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 3
 23. Signature Patrick E. Taylor (M.D. or other)
 Address 1300 Clark Date signed 3/14-46

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.....

..... Thomas J. Gates, Registered Apprentice No.....
working under my personal supervision.

Signed..... Thomas J. Gates

Licensed Embalmer No..... 425.9

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.