

5-43
ev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED MAY 10 1946 STANDARD CERTIFICATE OF DEATH

14993

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3886**

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

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2742 Delmar
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country

3. (a) PRINT FULL NAME Helen Marshall

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 divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased Unavailable 1913
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
Abt 33			hr. min.

9. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

10. Usual occupation --

11. Industry or business --

MOTHER FATHER 12. Name Lewis Harris

13. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Franklin

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

16. (a) Informant William T. Harris

(b) Address 1808 Jefferson, Gary, Ind.

17. (a) Burial (b) Date thereof 5-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) APR 30 1946 (b) J. F. Bredek
(Date of local filing) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1946 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from 7 April 20 1946, to April 27 1946,
that I last saw her alive on April 27 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach *4/6*

Duration Unk

Due to

Due to

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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)

(e) Means of injury

23. Signature Orion J. Ayers (M. D. or other)

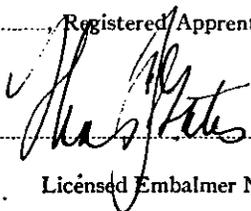
Address 2601 N Whittier Date signed 4/29/46

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..... 

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.