

Registration District No. **318** Primary Registration District No. **1003**

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:
4525 Evans Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... years, months or days)

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. 4525 Evans Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Willie Mae Bryant
 3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 31
 year 1946 hour 12 minutes 58 P. M.
 21. I hereby certify that I attended the deceased from.....
 that I last saw h..... alive on.....
 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 Linnear
 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased Nov. 22 1904
 (Month) (Day) (Year)

Immediate cause of death.....
Asphyxiation
Self Administered to the home
Due to 4525 Evans Ave. on April
30 1946 eyes time unknown
 Duration.....

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>5</u>	<u>8</u> hr. min.

Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

9. Birthplace El Paso Texas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business.....
 12. Name William Watkins
 13. Birthplace Unavailable La.
 (City, town, or county) (State or foreign country)
 14. Maiden name Nettie Riley
 15. Birthplace Unavailable Texas
 (City, town, or county) (State or foreign country)
 16. (a) Informant Linlinear Bryant
 (b) Address 4525 Evans Ave.
 17. (a) Burial (b) Date thereof 4-6-46
 (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) MAY 6 1946 (b) J. F. Bredack
 (Date received by local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) suicide
 (b) Date of occurrence April 30 1946
 (c) Where did injury occur? at home
 (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 6 above
 23. Signature Alfred Perry (M. D. or other)
 Address 1300 Clark Ave. Date signed 5/6/46

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

17112

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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.