

STANDARD CERTIFICATE OF DEATH

State File No. 19013

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4622

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

(d) Length of stay: In hospital or institution 13 days
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osceola

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

(d) Street No. 1812 O'Fallon
(If rural, give location)

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

3. (a) PRINT FULL NAME Luella Walker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 16 day 16 year 1946 hour 4 minute 50 P.M.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 1 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1946, to May 16 1946.
that I last saw her alive on May 16 1946 and that death occurred on the date and hour stated above.

Immediate cause of death

<u>Intestinal Obstruction</u>	Duration <u>Unk</u>
<u>Postoperative Adhesions</u>	

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>3</u>	<u>15</u>	hr. <u>1</u> min.

Major findings:

Of operations _____

Of autopsy Yes

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Domestic

11. Industry or business _____

12. Name Willie Logwood

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

14. Maiden name Annie Seawood
(City, town, or county) (State or foreign country)

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

16. (a) Informant William Clinton

(b) Address 1129 E. N. 24th St

17. (a) Burial (b) Date thereof 5 22 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director A. F. Walton

(b) Address 2601 N Whittier

19. (a) MAY 23 1946 (b) J. F. Breese
(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)

(e) Means of injury _____

23. Signature A. Griffin (M. D. or other) _____

Address 2601 N Whittier Date signed 5/18/46

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

17601

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 *Arthur L. Hilliard*.....

Licensed Embalmer No. *4221*.....

P. O. Address *1154 Bayard 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.