

FILED

JUL 22 1946
318

STANDARD CERTIFICATE OF DEATH

State File No.

5964

Registration District No.

Primary Registration District No.

1002

Registrar's No.

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: Emule to Homer Phillips
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community 28 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State TENN (b) County 999
(c) City or town Chattanooga 40
(If outside city or town limits, write "RURAL") K.R.
(d) Street No. 954 E 4th St
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME MAGGIE KIRK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 3 FEMALE race col 5. Color or race col
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DEC 20 1922
(Month) (Day) (Year)

8. AGE: Years 33 Months 3 Days 12
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name MACK FORMBY
13. Birthplace Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Lincoln
15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant J.W. Chum
(b) Address 3403 Facall

17. (a) Burial (b) Date thereof 7-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McC RORBY ARK

18. (a) Signature of funeral director J. F. Breda
(b) Address 2769 Broadway

19. (a) JUL 6 1946 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Carcinoma of both lungs

Due to _____
Other conditions: H7
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 Patricia S. Taylor (M, D, or other) B
Address Deputy Coroner Date signed 7.3.46

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.