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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32323

FILED SEP 30 1946

State File No. 8222
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 42318 Evans Ave 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Percy Washington
3. (b) If veteran name war Nil 3. (c) Social Security No.

4. Sex Male 5. Color or race col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased 8 (Month) 9 (Day) 1897 (Year)

8. AGE: Years 49 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Seaman

11. Industry or business Safety Inspector

12. Name Percy Washington

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

14. Maiden name Lucy Ryan

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

16. (a) Informant Handy Washington
(b) Address 42318 Evans

17. (a) Funeral (b) Date thereof 9-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. W. Bruce
(b) Address 1003 N. Harrison
19. (a) SEP 24 1946 (Date received local registrar) J. F. Breese (Registrar's signature)

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") 117
(d) Street No. 42318 Evans (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 9
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 21 year 1946 hour 3:30 minute 0 M.
21. I hereby certify that I attended the deceased from Sept 9, 1946 to Sept 21, 1946 that I last saw him alive on Sept 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 3 days
Due to Cardiac Renal Disease 1 Year
mitral stenosis Aortic regurgitis

Due to 12/2

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.

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 Jay H Lamb (M. D. or other) M.D.
Address 4061 1/2 Olive Date signed 9/23-46

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 de Hefferid

Licensed Embalmer No. 5221

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.