

No. 2
-5-43
17-39
X36871

State File No. 9119
Registrar's No.

Registration District No. 3186
Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2932 Lawton / St Louis, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Saint Louis, Missouri (b) County 000
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 2932 Lawton _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Alice Singleton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 20
year 1946 hour 3 am. minute 45 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Singleton 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased February 19 1890
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 8 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Artesia, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation House-wife

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Tom Gnant
13. Birthplace Maryland (City, town, or county) (State or foreign country)
14. Maiden name Nettie Unknown
15. Birthplace Artesia, Mississippi (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Alexander G. Parker
(b) Address 3041 Lawton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-46 (Month) (Day) (Year)
Place: burial or cremation Greenwood

23. Signature Robert E. Nigh (M. D. or other) _____
Address _____ Date signed 10/29/46

18. (a) Signature of funeral director Henry J. Turner
(b) Address 1003 N. Garrison
19. (a) OCT 25 1946 (Date received local registrar) J. F. Bredeek (Registrar's signature)

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

MOTHER FATHER

DEC 28 1953

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 H. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *1154 Bayard*

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.