

No. 2  
12-45  
-17-39  
X47070

State File No.

FILED OCT 21 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8633

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:  
Missouri Pacific Hospt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 28 yes  
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. 3018 Clark Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mitchell Washington  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 703-23-3240

4. Sex male 5. Color or race Celoid  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Georgia Washington 6. (c) Age of husband or wife if alive 57 years  
Birth date of deceased Sept 5th 1881  
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Rabber

11. Industry or business Sealion Hand - R. R.

12. Name Alex Washington  
13. Birthplace Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Luzye Washington  
15. Birthplace Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Washington  
(b) Address 3018 Clark Ave

17. (a) Burial (b) Date thereof 9-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. H. Bros  
(b) Address 3644 Forman Ave

19. (a) OCT 8 1946 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6  
year 1946 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept 4,  
1946 to October 6, 1946  
that I last saw him alive on October 6, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple abscesses of the liver  
Due to Cause of abscesses not determined  
Due to \_\_\_\_\_

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death) 1 month

Major findings: Chronic Myocarditis, Hepatitis  
Of operations 9/2  
Of autopsy Multiple abscesses of the liver

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) (c) Means of injury \_\_\_\_\_  
23. Signature Robert Lanning (M. D. or other) \_\_\_\_\_  
Address St. Louis, Mo Date signed 10/7/46

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

MOTHER FATHER

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 *Farris V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 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.