

FILED JAN 13 1947

Primary Registration District No. 1003

State File No. _____

Registrar's No. 1-1:374

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:
1228 Aubert Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 6 mos.
years, months or days

3. (a) PRINT FULL NAME Grace Lee Wilbont

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

4. Sex Female 5. Color or race Cauc 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Earnest 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Sept. 4th 1924
(Month) (Day) (Year)

8. AGE: Years 22 Months 3 Days 26
If less than one day hr. min.

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

10. Usual occupation Hom. wife

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Howard
 13. Birthplace Union Co. Miss.
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Bell Price
 15. Birthplace Union Co. Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Howard

(b) Address 1228 Aubert Ave

17. (a) Removal (b) Date thereof 1-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ripley Miss.

18. (a) Signature of funeral director J. F. Brudick & Son

(b) Address 3133 Bell Ave
JAN 3 - 1947 (c) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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. 1228 Aubert Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
 year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12-17 1946 to 12-30 1946
 that I last saw him alive on 12-30 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Robert pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____
 Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature J. F. Brudick (M. D. or other) _____

Address 1045 Grandcenter Date signed 12/31/46

MAR 25 1949

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.....

L. J. Watson
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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.