

FILED MAR 14 1948

Primary Registration District No. **1003**

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

1. PLACE OF DEATH: **St Louis**

(a) County **St Louis Mo**

(b) City or town **St Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **2937 a Pine St.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: **2 Yrs,** (Specify whether years, months or days)

In this community **2 Yrs,**

3. (a) PRINT FULL NAME **Cathrine Lake**

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

4. Sex **Female** U.S. Color or race **Col.**

6. (a) Single, widowed, married, divorced **Widow 2**

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

7. Birth date of deceased **Feb 28 1846**
(Month) (Day) (Year)

8. AGE: **101** Years **0** Months **6** Days If less than one day. hr. min.

9. Birthplace **Woodson Ark**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business **None**

12. Name **Edmond Hawkins**

13. Birthplace **Ark**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Amenea Lake**

(b) Address **2937 a Pine St.**

17. (a) **Shipping** (Burial, cremation, or removal) (b) Date thereof **2/6/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Little Rock Ark.**

18. (a) Signature of funeral director **Ellis Fun, Home**

(b) Address **2820 Stoddard St**

19. (a) **MAR 5 1948** (Date received local registrar) (b) **J. J. Brudeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St Louis** **2-1-17**
(If outside city or town limits, write "RURAL")

(d) Street No. **2937 a Pine St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **41/20 a**
year **1947** hour **11:20 AM** minute **11/20**

21. I hereby certify that I attended the deceased from **2-11-1947** to **3-3-1947**
and that death occurred on the date and hour stated above.

that I last saw **her** alive on **3-3-1947**

Immediate cause of death **Post Traumatic Bronchial PNEUMONIA** Duration 2-25-47

Due to **fractured right humerus** **2-10-47**
fractured right foot

Due to **JUMP FROM 2ND STORY WINDOW fleeing BURNING Bldg.** **2-10-47**

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

Major findings: **180**

Of operations _____

Of autopsy **18**

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) **Accident** **000**

(b) Date of occurrence **2-10-47**

(c) Where did injury occur? **2937 A. PINE**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **HOME**

While at work? **No** (Specify type of place) (e) Means of injury **See above**

23. Signature **J. C. Shepard** (M. D. or other) **M.D.**

Address **2702 a Franklin** Date signed **3-3-47**

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 J Boyka

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

Signed Lomnie Boykin
Licensed Embalmer No. 2946
P. O. Address St Louis Mo

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.