

FILED MAR 14 1947

1003

Registration District No. **318** Primary Registration District No.

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME Pearl Gooden Washington

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased St. Louis 16 1918
(Month) (Day) (Year)

8. AGE: Years Months 18 If less than one day
29 0 18 hr. min.

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

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER
 { 12. Name Wilford Pharr
 { 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Willie Mae Johnson
 { 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Mae Gooden

(b) Address 3206 Lucas

17. (a) Burial (b) Date thereof 3/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father: S. Dixon

18. (a) Signature of funeral director Dement & Son
 (b) Address 2629-31 Cole

19. (a) MAR 6 1947 (b) J. F. Bredeck
(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. 3206 Lucas
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
 year 1947 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from January 24, 1947, to Mar. 4, 1947, that I last saw her alive on Mar. 3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death
Middle Ear Disease
Convulsions
Enteritis
Anemia

Due to..... 3 days
39 da.

Due to..... 1/20

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

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....

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 W. H. Mansifer (M. D. or other)
 Address 4330 8th St. Easton, Mo. Date signed 3/5/47

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

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.....

W. C. Claude Gordon

Licensed Embalmer No.....

3489

P. O. Address.....

4575 Aldine

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.