

No. 2
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

10939
3469

Registration District No. **318**

Primary Registration District No. **1003**

State File No. _____
Registrar's 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 20 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oae
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1227 Bayard
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Eddie Mae Harbert

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

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

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

7. Birth date of deceased JUNE 6 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>9</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace HAYWOOD CO. TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation LAUNDRESS

11. Industry or business _____

12. Name DICK MORGAN

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

14. Maiden name GEORGIE WOODS

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

16. (a) Informant MARY PARKINS
(b) Address 1327 BAYARD

17. (a) BURIAL (b) Date thereof 4-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS CEM

18. (a) Signature of funeral director Elmer E. Pettis
(b) Address 2030 BELL AVE.
APR 2 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27
year 1947 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 3-7 1947 to 3-27 1947
that I last saw her alive on Mar. 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right Breast with Metastasis

Due to _____
Due to 50

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy NO

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 D

23. Signature Clifford Hancock (b) _____
Address 2601 N Whittier Date signed 3/28/47

Duration Undet.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Esther A. Harris

Registered Apprentice No. *416*

working under my personal supervision.

Signed *H. Stuedde 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.