

FILED JUN 23 1948
Registration District No.

Primary Registration District No.

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: 1925 Papin St 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 25 yrs
(Specify whether 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: 3010 Pine Str
(If rural, give location)
(e) Citizen of foreign country? 21 (Yes or No)

3. (a) PRINT FULL NAME: LIZZIE RIVERS
3. (b) If veteran, name war: -
3. (c) Social Security No.:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: 6 day: 10
year: 1947 hour: 12:55 minute: 00 M.
21. I hereby certify that I attended the deceased from 6-7-47
19... to 6-10-47 1947
that I last saw him alive on 6-9-47 1947
and that death occurred on the date and hour stated above.
Duration

4. Sex: F 3
5. Color or race: C
6. (a) Single, widowed, married, divorced: widow 2
6. (c) Age of husband or wife if alive: 18 yrs
7. Birth date of deceased: July 25th 1898
(Month) (Day) (Year)

Immediate cause of death: Apoplexia (Apoplexy)
Due to: ...
Due to: ...
Other conditions: ...
(include pregnancy within 3 months of death)

8. AGE: Years: 48 Months: 10 Days: 15
If less than one day hr. min.

9. Birthplace: Jackson Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation: Housework

11. Industry or business:
12. Name: Fred Ross
13. Birthplace: Henderson Tenn 1
(City, town, or county) (State or foreign country)
14. Maiden name: Violet Robinson
15. Birthplace: Henderson Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant: Mary Ross
(b) Address: 3210 E Lawton
17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 6-12-47
(Month) (Day) (Year)

(c) Place: burial or cremation: Washington Papin
18. (a) Signature of funeral director: J. R. Randleman
(b) Address: 3133 Bell Ave
19. (a) JUN 11 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations:
Of autops:
PHYSICIAN
Underline the cause of 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: Dr Edward Bell (M. D. or other) M.D.
Address: 2901a Locust Ave. Date signed: 6-10-47

WRITE PLAINLY—USING 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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Charlotte

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.