

FILED OCT 4 1947

1003

State File No.

Registrar's No. 9002

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 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..... 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... and

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No..... 4475 Evans ave
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
11
If yes, name country.....

3. (a) PRINT FULL NAME..... BLANCHE GREGORY

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Sept day..... 28th
year..... 1947 hour..... 2:30 minute..... P M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

4. Sex..... Female 5. Color or race..... Negro

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years
31 1901

7. Birth date of deceased..... January 31 1901
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years..... 46 Months..... 7 Days..... 27
If less than one day..... hr..... min.....

Immediate cause of death.....

9. Birthplace..... Auburn Kentucky
(City, town, or county) (State or foreign country)

Due to..... Tumor of Brain
Unqualified

10. Usual occupation..... Housework

Due to.....

11. Industry or business.....

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

12. Name..... Taylor Woods

Major findings:
Of operations.....

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

Of autopsy.....

14. Maiden name..... Lucy Blewett

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

16. (a) Informant..... Mary Smith

(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?..... (Specify type of place)

(b) Address..... 4475 Evans ave

While at work?..... (Specify type of place)

23. Signature..... John E. Rygh (M. D. or other) 3

Address..... 147 E Date signed..... 9/30/47

17. (a)..... Burial (b) Date thereof..... 10/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood

18. (a) Signature of funeral director..... C.W. Roberts

(b) Address..... 1416 No. Taylor ave

19. (a)..... SEP 30 1947 (b)..... J. F. Braddock
(Date received local registrar) (Registrar's signature)

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

22

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 Lester E Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 13 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.