

B. No. 2
1-1/47
5-17-39

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: Eunice to Homer Phillips Hall
(d) Length of stay: 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Elizabeth L. McCoy

3. (b) If veteran, name war: 3 3. (c) Social Security No. Am Negro

4. Sex: Female race: Am Negro 6. (a) Single, widowed, married, divorced: M married

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: 4 years

7. Birth date of deceased: July 4 1910
(Month) (Day) (Year)

8. AGE: Years: 37 Months: 3 Days: 10 If less than one day: 10 br. min.

9. Birthplace: Monroe La.
(City, town, or county) (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business:

12. Name: John Hudson

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

14. Maiden name: Martha Barner

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

16. (a) Informant: Alva Hudson

(b) Address: 3503 Laclede Ave.

17. (a) Removal (b) Date thereof: 10-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: E. St. Louis Ill

18. (a) Signature of funeral director: J. J. Moore
(b) Address: 3517 Laclede Ave

19. (a) OCT 23 1947 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
(c) City or town: Saint Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 3503 Laclede Ave.
21 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 19 day: Oct
year: 1947 hour: 6 minute: 00 A.M.

21. I hereby certify that I attended the deceased from: 19 to: 19
that I last saw him alive on: 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural Ematoma
Whether reflected at: base of brain
Hands of Dr. Reginald Hart
Due to: particular or parts unknown
or received in a fall: could not be determined when found in her home around 5:55
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: Ja
Of operations: Ja
Of autopsy: Ja

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): Open Vein

(b) Date of occurrence: Oct 19 1947

(c) Where did injury occur: St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

23. Signature: Alva Hudson (M. D. or other) 3
Address: 3503 Laclede Ave Date signed: 10/23/47

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

James E. Howard

Registered Apprentice No.

514

working under my personal supervision.

Signed

James E. Howard

Licensed Embalmer No.

1173

P. O. Address

3517 Sackville ave

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.