

FILED DEC 6 1947 318
Registration District No.

Primary Registration District No. 1003

10960

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 ROYER G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County St. Clair
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 Colas Ave
(If rural, give location)
(e) Citizen of foreign country?.....
(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ropic Hemphill
3. (b) If veteran, no 3. (c) Social Security No.
name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1947 hour 5 minute 10 PM
21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race col 6. (a) Single married
widowed, married, divorced
8. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if
alive 63 years
7. Birth date of deceased Mar 19 1884
(Month) (DAY) (Year)

Immediate cause of death.....
Coronary Occlusion
Due to.....
Chronic Corlets
Due to..... Undetermined

8. AGE: Years Months Days If less than one day
63 8 14 hr. min.

9. Birthplace Mayfield Ky
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

10. Usual occupation.....
11. Industry or business Housewife
12. Name Arian Rodgers
13. Birthplace.....
(City, town, or county) (State or foreign country)
14. Maiden name Amy Milligan
15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbert Smith
(b) Address 1320 Colas Ave
17. (a) Removal (b) Date thereof 12-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation.....

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?.....
(Specify type of place)
While at work?..... Means of injury.....
Signature Patricia E Taylor (Physician)
Address 1300 Clark Date signed 12-1-47

18. (a) Signature of funeral director J. J. Brown
(b) Address 1318 E. Broadway
19. (a) DEC 1 - 1947 (b) J. J. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

man

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 _____

P. M. L. Linn

Licensed Embalmer No. 1173

P. O. Address 1318 E. Broadway

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.