

FILED FEB 9 1948 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 1925

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  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 days  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1109 N. Channing 9  
(If rural, give location)  
 Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16  
 year 1948 hour 6 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from 12:36 P.M.  
1-10- 19 48 to 6:30 A.M. 19 48  
 that I last saw her alive on 1-16- 19 48  
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration  
 Due to: Stomach Rupture-Not  
determined cause of rupture

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Due to \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_ PHYSICIAN  
 Of autopsy \_\_\_\_\_  
Underline the cause to 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?

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (c) Means of injury 0  
 23. Signature W. J. Brueck (M. D. or other) \_\_\_\_\_  
 Address 2601 N. Whittier 1-21-48 Designed

3. (a) PRINT FULL NAME Johnetta Honor

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

4. Sex Fem. 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 1 10 48  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name Geneva Honor

15. Birthplace Beloit Wisconsin  
(City, town, or county) (State or foreign county)

16. (a) Informant Esther M. Sherard, R.N.

(b) Address 2601 N. Whittier

17. (a) Anatomical Board (b) Date thereof JAN 31 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Robert F. Rowland

(b) Address 4104 MANCHESTER

19. (a) \_\_\_\_\_ (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**