

FILED MAR 25 1948  
Registration District No. 318

Primary Registration District No.

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

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:  
1925a Cora Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1925a Cora Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Maggie Harris

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th  
year 1948 hour 1 minute P. M.

4. Sex Female 5. Color or race Col.

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

6. (b) Name of husband or wife Didley

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: December 10, 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1948 to March 15, 1948  
that I last saw her alive on Mar - 15, 1948,  
and that death occurred on the date and hour stated above.

Duration

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>50</u>	<u>3</u>	<u>5</u>	hr. min.

Immediate cause of death Cerebral apoplexy

Due to Hypertension

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause of which death should be charged statistically.

11. Industry or business

12. Name Joe Reynolds

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

14. Maiden name Bell Jackson

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

Major findings: Of operations

Of autopsy

16. (a) Informant Velma Keith

(b) Address 1525a Cora Ave.

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

17. (a) Burial (b) Date thereof 3-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

(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?..... (e) Means of injury.....

18. (a) Signature of funeral director E. B. Rooney

(b) Address 1221 N. Grand Blvd.

19. (a) MAR 18 1948 (b) J. F. Breda  
(Date received local registrar) (Registrar's signature)

23. Signature Willoughby (M. D. or other)

Address 2337 - 9 Market Date signed 3/18/48

