

STANDARD CERTIFICATE OF DEATH

State File No.

24420

National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

6871

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 Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 10 days
 (Specify whether)
 In this community..... 30 yrs
 years, months or days)

3. (a) PRINT FULL NAME Emma Justice3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex F. 3 Color or race Col
 5. Color or race.....
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Feb 13 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 20 hr. min.

9. Birthplace.....
(City, town, or county) (State or foreign country) LA.10. Usual occupation H.K.

11. Industry or business.

MOTHER FATHER { 12. Name John HANNAH
 13. Birthplace.....
 (City, town, or county) (State or foreign country) LA.
 14. Maiden name ANNA HANNAH
 15. Birthplace.....
 (City, town, or county) (State or foreign country) LA.

16. (a) Informant Emma A. Thomas
 (b) Address 1443 N. 18th St.

17. (a) BURIAL (b) Date thereof 8-19-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director F. A. GREEN
 (b) Address 4214 DELMAR R. BLVD

19. (a) AUG 5 - 1948 (b) J. A. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County..... nod
 (c) City or town..... St Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1443 N 18th St 9
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
 year 1948 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from
July 24, 19 48 to August 3, 19 48
 that I last saw her alive on August 3, 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of the Cervix
Uremia
 Duration
Undet
Undet

Due to.....

Due to.....

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

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN

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 M. J. Jukins (M. D. or not)Address 2601 N Whittier Date signed 8-4-48

1841

1100

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

[Handwritten Signature]

Licensed Embalmer No.

2963

P. O. Address

4214 DALMAR BL

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.