

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE 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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos.; 28 days
(Specify whether years, months or days)
In this community 3 yrs

3: (a) PRINT Blanche Cranberry
FULL NAME

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased February 15, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>5</u>	<u>20</u>	hr. min.

9. Birthplace Macon Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Wade

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

14. Maiden name Therba Hazley

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

16. (a) Informant Gosie Williams

(b) Address 1163 Walton Avenue

17. (a) Removal (b) Date thereof 8/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wade Funeral Home, Forrest City, Ark.

18. (a) Signature of funeral director Wade Cranberry

(b) Address 4202 Finney Avenue

19. (a) AUG 6 - 1948 (b) J. T. Cudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1163 Walton
(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 5
year 1948 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 8, 1948 to August 5, 1948
that I last saw her alive on August 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Far-Advanced Pulmonary Tuberculosis Duration Unk

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

23. Signature Dr. Daniel (M. D. or other)
Address 2601 N Whittier Date signed 8-5-48

1881

1881

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 ~~Melvin E. Green~~, Registered Apprentice No. _____

working under my personal supervision.

Signed Melvin E. Green

8/17/18 Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo.

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.