

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

State File No. 28153
Registrar's No. 6832

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:
1325a N. Prairie Street
(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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1325a N. Prairie Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Intestinal Obstruction

3. (a) PRINT NAME Rosie M. Wesley Boone Robinson

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 Married

6. (b) Name of husband or wife Theodore 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased May 26 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 2 3 hr. min.

9. Birthplace Aberdeen, Mississippi
(City, town, or county) (State of foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Willie Lee Boone

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

14. Maiden name Alice Wesley

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

16. (a) Informant Estelle Wesley

(b) Address 1325a N. Prairie Street

17. (a) Burial (b) Date thereof 8/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) AUG 4 1948 (b) J. B. Bredbeck
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature Patrick E. Taylor (M. D. or other) Sept

Address 1300 Clark Avenue Date signed 8-4-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

.....John K. Cunningham....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John K. Cunningham

Licensed Embalmer No. 4476.....

P. O. Address. 4107 Finney Avenue.....

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.