

FILED OCT 23 1948

Registration District No.

318

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

34814

Registrar's No.

8939

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1045 N. Sarah 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 27 years
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. 1045 N. Sarah Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Wiley Washington

3. (b) If veteran, name war WW

3. (c) Social Security No. 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
year 1948 hour 2:10 minute 25 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Lucinda

6. (c) Age of husband or wife if alive abt. 67 years

7. Birth date of deceased May 4 1884
(Month) (Day) (Year)

Duration _____

Coronary Thrombosis

8. AGE: Years 64 Months 5 Days 9
If less than one day

hr. _____ min. _____

Due to _____

Due to 94

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

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Unavailable

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

14. Maiden name "

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Sarah Drummond

(b) Address 1035 N. Sarah Street

17. (a) Buried (b) Date thereof 10/18/48
(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) OCT 15 1948 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

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 3

23. Signature Thomas F. Callahan (M.D. or other) _____

Address 1300 Clark Avenue Date signed 10-14-48

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.