

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43419**  
Registrar's No. **11096**

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>11096</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>1117</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>		STREET ADDRESS (If rural, give location) <b>4435 Evans</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>L.</b> c. (Last) <b>Washington</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 20, 1900</b>	9. AGE (In years last birthday) <b>51</b> IF UNDER 1 YEAR: Months <b>9</b> Days <b>20</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Maid-Arcade Bldg.</b>		11. BIRTHPLACE (State or foreign country) <b>Crawford County, Georgia</b>
13a. FATHER'S NAME <b>William Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Henrietta Harris</b>		12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>
14. NAME OF HUSBAND OR WIFE <b>George Washington</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>498-05-1263</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Washington-- 4435 Evans</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of the abdomen</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer of the Abdomen</b> DUE TO (c) <b>Undetermined</b> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>not</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>1991</b>
22. I hereby certify that I attended the deceased from <b>11-2-</b> , 19 <b>51</b> , to <b>12-10-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>12-10-</b> , 19 <b>51</b> , and that death occurred at <b>8:45 A.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Norme H. Little MD.</b>		23b. ADDRESS <b>3167 Sheridan</b>		23c. DATE SIGNED <b>12-12-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-15-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 15 1951</b>		REGISTRAR'S SIGNATURE <b>E. B. Koonce</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>1221 N. Grand</b>

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

*L. R. State*

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Charles Brown*

Licensed Embalmer No. *4755*

P. O. Address *1221 N. Grand*

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.