

1939 JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17750
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 399
 (b) Township St. Louis Primary Registration District No. 1007 Registered No. 2152
 (c) City St. Louis (d) Street No. 2814 York St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Therese Washington
 (a) Residence, No. 4812 Washington St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

13. SEX Female 14. COLOR OR RACE negro 15. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 16. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 17. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 18. AGE YEARS 48 MONTHS — DAYS — IF LESS than 1 day,hrs. ormin.
 OCCUPATION 19. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher
 20. Industry or business in which work was done, as saw mill, bank, etc.
 21. Date deceased last worked at this occupation (month and year) 22. Total time (years) spent in this occupation
 23. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
 FATHER 24. NAME James Washington
 25. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
 MOTHER 26. MAIDEN NAME Severna Wilson
 27. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis
 28. INFORMANT Nellie Smith
 (ADDRESS) 1219 9th St
 29. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Cemetery No. 39
 30. FUNERAL DIRECTOR William W. Ferguson
 (ADDRESS) 1119 12th St
 31. FILED May 23 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1939
 22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1939, to 5-16, 1939
 I last saw her alive on 5-16, 1939 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Chc. Cataract Entertitis
asphyxia
as a result of
an intentional obstruction
 Date of onset
 Other contributory causes of importance: 12/20/38
 Name of operation plugged Date of
 What test confirmed diagnosis? plugged Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify By Republic of France, M. D.
 (Signed) 1509 - E 16th
 (Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Julius A. Fickler, Licensed Embalmer No. 2229

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Julius A. Fickler

Licensed Embalmer No. 2229

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.)