

Registration District No. **791**
1003

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 Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution July 11, 1939
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Bertha Diggs **200**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced Separated

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

7. Birth date of deceased July 21, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>0</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER
12. Name W M Herron
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Roddony
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Georgia White
(b) Address 2008 Cash

17. (a) _____ (b) Date thereof 7/17-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Edward Thayer
(b) Address 2724

19. (a) 2724 (b) Joe Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis **[21]**
(If outside city or town limits, write "RURAL")
(d) Street No. 2010 Rear Carr Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21
year 1939 hour 9 minute 30 a. M.
21. I hereby certify that I attended the deceased from July 11, 1939
to July 21, 1939
that I last saw her alive on July 21, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant hypertension **1 yr.**

Due to 131
Due to _____
Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____

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

23. Signature H. J. Lorman (M. D. or other)
Address 2601 N. White Date signed 7/24/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 X 13111

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.....

Harrison E. Adams

Registered Apprentice No. *210*

working under my personal supervision.

Signed *H. E. Campbell*

Licensed Embalmer No. *3881 City 179*

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, above space should be left blank.