

REGISTRATION DISTRICT NO. 91

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(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 G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 8 days.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Willie Mae Hale 400

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced INFANT

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

7. Birth date of deceased 5-20-40
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 8 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Arnola Hale nee Simmons
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Father May Sherard
(b) Address 2601 N. Whittier Street

17. (a) _____ (b) Date thereof 7-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director City of St. Louis
(b) Address City of St. Louis

19. (a) JUL 24 1940 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3442 Laclede
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-20-, 1940, to 6-28-, 1940;
that I last saw her alive on 6-28-, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Congestion
Hydrocephalus
Cleft Palate; Harelip
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy As above

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.C. Peace (M. D. or other) _____
Address 2601 N. Whittier St. Date signed 7-23-40

Physician
Duration
Underline the cause to which death should be charged statistically.

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

5-17-39
I X21492

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.