

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

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8920

1. PLACE OF DEATH:

(a) County Missouri

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

(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether in this community 29 years, years, months or days)

3. (a) PRINT FULL NAME Effie Howard Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. Non

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Robert Wilson

6. (c) Age of husband or wife if alive 43 yrs. years

7. Birth date of deceased May 17, 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business Edward Barnes

12. Name Unknown

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

14. Maiden name Mollie Sykes

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

16. (a) Informant Robert Wilson

(b) Address 3329 Pine Street

17. (a) Buried (b) Date thereof Oct, 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Edmund ...

(b) Address 3849 Windsor Place

19. (a) Oct 30 1940 (b) J. J. ...
(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. 3329 Pine
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1940 hour 5:12 minute _____ A. M.

21. I hereby certify that I attended the deceased from October 8, 1940, to October 28, 1940;
that I last saw her alive on October 28, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Right Scapula

Due to _____

Due to _____

Other conditions (Handwritten notes)
(Include pregnancy within 3 months of death)

Duration 9 mos.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

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 J. J. ... M.D. (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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..... *[Handwritten Signature]*

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.