

Registration District No. **791**

Primary Registration District No. **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:
Hennepin 2827 Thomas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days) 2

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. 2827 Thomas
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Lucy Washington

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex female race negro 5. Color or race.....
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James Washington 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased and Oct 15 1948
(Month) (Day) (Year)

8. AGE: Years, Months, Days, If less than one day
about 42 2 11 hr. min.

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

10. Usual occupation housework

11. Industry or business.....

12. Name George Williams

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

14. Maiden name Lucy Shepard

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

16. (a) Informant James Washington

(b) Address 2827 Thomas St.

17. (a) burial (b) Date thereof Dec 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Locust Ave

19. (a) DEC 31 1948 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1948 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct 15
1948 to Dec 26 1948
that I last saw her alive on Dec 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

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

Major findings:
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
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 J. A. Quincy (M. D. or other) 1
Address St. Louis Date signed Dec 27 1948

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

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 *Burleson English*

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas, a*

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.