

FILED FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 377

I. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community About 1 year
years, months or days)

3. (a) PRINT FULL NAME Cornelia English

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

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

6. (b) Name of husband or wife NOT KNOWN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOT KNOWN
(Month) (Day) (Year)

8. AGE: Years About 36 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Neal Washington
13. Birthplace Marvell Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Ada Kendall
15. Birthplace Marvell, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Jackson
(b) Address 3725 Finney Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) JAN 14 1941 (Date received local registrar) (b) J. P. Fredrick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis, Mo. (b) County 000
3725 Finney Ave.
(c) City or town 1117
(If outside city or town limits, write "RURAL")
(d) Street No. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day 8th
year '41 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 12-9-41
to 1-8-41, 1941
that I last saw her alive on 1-8-41
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Bilateral Hydrocephalus

Due to _____
Due to Ca of cervix

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy: as above

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 _____

28. Signature Lucius J. Davis (M. D. or other) MD
Address St. Mary's Infirmary Date signed 1-10-41

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

Birdie Beal Anderson

Licensed Embalmer No. *2929*

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.