

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: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days**
(Specify whether _____)
In this community **Unk.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0021**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3038 Bell** **9**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Lucy Garrett**

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

4. Sex **Female** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov 17 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	3	22	hr. _____ min. _____

9. Birthplace **Union Co. Ala. 1 Ala**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER

12. Name **William Pickett**
13. Birthplace **Union 1 Ala**
(City, town, or county) (State or foreign country)
14. Maiden name **Unavailable unk**
15. Birthplace **Unavailable 9unk**
(City, town, or county) (State or foreign country)

16. (a) Informant **Osah Herron**

(b) Address **512 Channing Ave**

17. (a) **Burial** (b) Date there **3/14/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. H. Randle & Son**

(b) Address **3133 Rose Lane**

19. (a) **MAR 13 1941** (b) **J. H. Bredrek**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9**
year **1941** hour **5:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **February 25, 1941** to **March 9, 1941**;
that I last saw her alive on **March 9, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease
Chronic Nephritis

Duration
18 mos

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 **C. A. ...** (M. D. or other) _____

Address **2601 N. Whittier St.** Date signed _____

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 _____

Licensed Embalmer No. 269 P

P. O. Address 2769 A Route

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.