

1-2
3-40
7-39
X23159

APR 13 1941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution. 15 days
In this community. 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 2804 Bernard
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Amanda Oliver
(b) If veteran, name war None (c) Social Security No. Unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1941 hour 10:00 minute P. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Hus. 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased. April 20, 1892

21. I hereby certify that I attended the deceased from March 15, 1941 to March 28, 1941
that I last saw her alive on March 28, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day.
48 11 8 hr. min

Immediate cause of death Hypertension & Lt Hemiplegia caused by cerebral hemorrhage Duration 18 mos
Due to _____

9. Birthplace Ark.
10. Usual occupation Housework

Due to g3a
Other conditions g2a
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Alexander Morrman
13. Birthplace Ky.
14. Maiden name Mary Henry
15. Birthplace _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Plorence G. Spatter
(b) Address Homer G. Phillips Hospital
17. (a) Burial (b) Date thereof 4-8-41
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J W Hughes
(b) APR 26 1941
19. (a) _____ (b) J H Bredek

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
(c) Means of injury _____
23. Signature Clara Allen (M. D. or other) _____
Address 2601 N. Whittier Date signed _____

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

MOTHER FATHER

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, fact should be so stated above.