

FILED MAY 13 1941

STANDARD CERTIFICATE OF DEATH

12657

State File No.

3087

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Found dead at 915 Phillips
(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME Unknown Colored Female

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased abt 1891 to 1896

8. AGE: Years Months Days If less than one day abt. 45-50

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

10. Usual occupation unk

11. Industry or business

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant James J. Johnson

(b) Address 1300 Black

17. (a) (b) Date thereof 4-9-41

(c) Place: burial or cremation Tollers Field

18. (a) Signature of funeral director W.C. McDougal

(b) Address 1711

19. (a) APR - 9 1941 (b) J. H. Brudick

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 3813 Washington Ave
(e) If foreign born, how long in U. S. 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 16
year 1941 hour found 10 minutes 5 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Exposure when found on second floor garage in the rear of 3813 Washington Ave. about 10:45 PM March 16, 1941.

Other conditions 16, 1941.

Major findings: Cause from coroner not determined.

Of operations _____

Of autopsy 1711

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) exposed

(b) Date of occurrence found March 16, 1941

(c) Where did injury occur? St. Louis

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Garage near 3813 Wash

While at work? no (e) Means of injury Exposure

23. Signature Alfred Perry (M. D. or other) 3

Address 1711 Date signed 4/7/41

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.....

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.