

REGISTRATION DISTRICT NO. 1103  
**FILED** AUG - 6 1947 91

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo  
 (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 11 days  
 (Specify whether  
 In this community 10 yrs. 0 years, months or days)

3. (a) PRINT FULL NAME Arnola Hale3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. one4. Sex Female 5. Color Col 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Lavern Hale 6. (c) Age of husband or wife if alive 23 years7. Birth date of deceased 2-8-1917  
Feb (Month) 8 (Day) 1917 (Year)8. AGE: Years 24 Months 4 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace ? Mississippi (City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business \_\_\_\_\_

12. Name Mammie Simmons13. Birthplace ? Mississippi (City, town, or county) (State or foreign country)14. Maiden name Corein Primmie15. Birthplace ? Mississippi (City, town, or county) (State or foreign country)16. (a) Informant Lavern Hale(b) Address 3021 Lawton Ave17. (a) Greenwood Care (b) Date thereof 7/3/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Greenwood Care18. (a) Signature of funeral director Lincoln Jones(b) Address 3129 Lucas Ave19. (a) JUL 2 1947 (b) J. T. Brien  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 217  
 (d) Street No. 3500 Lawton Apt. 8 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1947 hour 9:00 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from  
June 18 1947 to June 29 1947  
that I last saw her alive on June 29 1947  
and that death occurred on the date and hour stated above.Immediate cause of death Ascites Duration Unk.  
Cause unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 2.00 a  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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 Charles Allen (M.D. or other) P  
Address 2601 N. Whittier Date signed 6/30/47

**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 *Me*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Clare Young*

Licensed Embalmer No.

*3371*

P. O. Address

*St. Louis*

**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.**