

FILED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

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: **St. Louis S. Phillips D**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17** days
(Specify whether
In this community **9** years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **COB**
(c) City or town..... **St. Louis,** **21** **17**
(If outside city or town limits, write "RURAL")
(d) Street No..... **1128 N. Channing** **9**
(If rural, give location) **D**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26,** 1941
year..... hour..... 8 minute **35** A. M.
21. I hereby certify that I attended the deceased from **Sept. 9-1941**
..... 19..... to **Sept. 26,** 19**41**
that I last saw h. **er** alive on **Sept. 26,** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Glomerularnephritis** **10 yrs.**
Duration

Due to.....
Due to..... **181**
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 **J. W. Johnson** (M. D. or other)
Address **2601 N. Whittier** Date signed **9-30-41**

3. (a) PRINT FULL NAME **Maggie Avant**

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

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

6. (b) Name of husband or wife **Unk.** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May 15, 1911**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 **4** **15** hr. min.

9. Birthplace..... **St. Louis, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

11. Industry or business.....

12. Name..... **Giles Mills**

13. Birthplace..... **Ark.** **1**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Lula Davis**

15. Birthplace..... **Ark.** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **J. M. Smith**
(b) Address..... **2601 N. Whittier**

17. (a) (Burial, cremation, or removal)..... (b) Date thereof **9-30-41**
(Month) (Day) (Year)
(c) Place: burial or cremation..... **Washington**

18. (a) Signature of funeral director..... **W. R. Kelly**
(b) Address..... **2509 Rugby**

19. (a) **OCT 3 1941** (Date received local registrar) (b) **J. W. Beebe** (Registrar's signature)

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

00
117
9

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.