

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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 6 days
(Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4007 Emright Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Georgia Ray

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 Married

6. (b) Name of husband or wife Washington Ray 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 13, 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>9</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business nil

12. Name George Atkins

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

14. Maiden name Anna Moore

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

16. (a) Informant Shirley M Smith

(b) Address 2601 N. Whittier

17. (a) burial (b) Date thereof OCT 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director J. J. Budick
(b) Address City Health Dept

19. (a) OCT 29 1941 (b) J. J. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23, 1941
year _____ hour 1 minute 09 P. M.

21. I hereby certify that I attended the deceased from Sept. 17, 1941
to September 23, 1941

that I last saw her alive on September 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions Carcinoma of Breast primary
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Carcinomatosis
Bilat. Hydro-thorax with Atelectasis

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 W. E. A. Ford (M. D. or other)
Address 2601 N. Whittier Date signed 10-29-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, above space should be left blank.