

DEC 22 1941 791

Registration District No. _____ 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 10 days
(Specify whether)
 In this community 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2717 Washington
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3, 1941
 year _____ hour 3 minute 00 P. M.
 21. I hereby certify that I attended the deceased from October 24, 1941
 to November 3, 1941
 that I last saw her alive on November 3, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death <u>prob. Tuberculous Pneumonia</u>	Duration <u>Unknown</u>
Due to _____	
Due to _____	
Other conditions <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy _____	

3. (a) PRINT FULL NAME Mallisie Howard

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 5. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Josh Howard, deceased 6. (c) Age of husband or wife if alive years 15th, 1895

7. Birth date of deceased. Apr (Month) 15th (Day) 1895 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>6</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Domestic Duties,

11. Industry or business Housekeeping.

MOTHER FATHER
 12. Name Mathew McDonald,
 13. Birthplace Arkansas,
(City, town, or county) (State or foreign country)
 14. Maiden name Ethel White,
 15. Birthplace Arkansas,
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Baggett
 (b) Address 2717 Washington Ave, St Louis, Mo.

17. (a) Burial, (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery,

18. (a) Signature of funeral director R. C. Hamilton
 (b) Address 2812 Thomas, St, St Louis, Mo.

19. (a) NOV 6 1941 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature J. W. Johnson (M. D. or other) _____
 Address 2601 Whittier St. Date signed 11-4-41

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

STATEMENT BY LICENSED EMBALMER

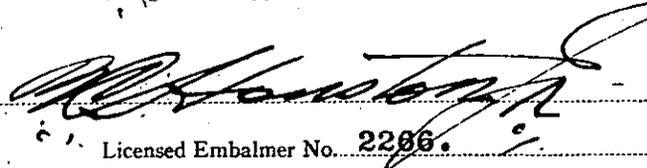
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **2286**.

P. O. Address: **2812, Thomas, St, StLouis**

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.