

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8899

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4038 Finney Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 59 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4038 Finney Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1941 hour 10:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from Nov 6-1941
1941 to Nov 7 1941
that I last saw her alive on Nov. 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-Pneumonia Duration 2 days

Due to Senility

Due to _____
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 Wm Evans Rubenstein (M. D. or other) _____
Address 4145 Easton Ave Date signed 11/10

3. (a) PRINT FULL NAME Phiby Singleton

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

4. Sex FEMALE 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased 12 - 25 - 1845
(Month) (Day) (Year)

8. AGE: Years 96 Months 10 Days 13
If less than one day hr. _____ min. _____

9. Birthplace UNKNOWN Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name James Singleton

13. Birthplace Unknown Miss. 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eliza Jackson

(b) Address 4038 Finney Ave

17. (a) BURIAL (b) Date thereof 11-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright Park Cem

18. (a) Signature of funeral director Peoples Wash. Co.

(b) Address 3100 Franklin Ave.

19. (a) NOV 10 1941 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Henry A Goodin

Licensed Embalmer No. *3050*

P. O. Address *4237 W Labadie*

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.