

No. 2
-1-4-41
-17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40662
10426
State File No.
Registrar's No.

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 mos. 5 days**
(Specify whether
In this community **20 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **22000**
(c) City or town **St. Louis,** **17**
(If outside city or town limits, write "RURAL") **F**
(d) Street No. **2303 Clark**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Frenchware**

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

4. Sex **Female** 5. Color **Colored** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jewell Frenchware** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 53 hr. min.

9. Birthplace **Ala** (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business.....

12. Name **Not Known**

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

14. Maiden name **Not Known**

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

16. (a) Informant **Jewell Frenchware**

(b) Address **2303A Clark Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 30th 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **A. L. Beal Und Co.**

(b) Address **2726 Lucas Ave.**

19. (a) **DEC 30 1941** (Date received by registrar) (b) **J. F. Brudick** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25, 1941**
year..... hour **3** minute **39 P.** M.

21. I hereby certify that I attended the deceased from **March 20, 1941**
..... 19..... to **December 25, 1941**
that I last saw him **er** alive on **December 25, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of Cervix **8 years**

Due to.....

Due to.....

Other conditions.....
(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 **Scott R. Barrett** (M. D. or other) **12-26-41**

Address **2601 Waverly** Date signed.....

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 *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *2649 Delmar, R.*

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.