

FILED MAR 17 1942

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos., 7 days
(Specify whether
In this community 16 years
years, months or days)

3. (a) PRINT FULL NAME Lue McRae

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 4 - 15 - 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 21 hr. min.

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

10. Usual occupation Housework

MOTHER FATHER

11. Industry or business —
12. Name Charles Phillips
13. Birthplace ?
(City, town, or county) (State or foreign country)
14. Maiden name Stanley
15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant Seagun Shiggins
(b) Address 2204 Franklin
17. (a) Removal (b) Date thereof 2-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Arkansas
18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Quincy Ave
FEB 10 1942 (b) J. F. Hubert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2204 Franklin
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6,
year 1942 hour 5 minute 20 A. M.
21. I hereby certify that I attended the deceased from August 29,
1941 to February 6, 1942

that I last saw her live on February 6, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

Due to Cancer of Vulva 2 years

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations — PHYSICIAN —

Of autopsy — 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) 0
(e) Means of injury —

23. Signature Lewis F. Boddie (M. D. or other) —
Address 2601 Whittier Date signed 2/7/42

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

1256

1256

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. 269

P. O. Address 77th Charter

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.