

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: Barnes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Lucille Wince

3. (b) If veteran, name war \*\*\*\*\*

3. (c) Social Security No. \*\*\*\*\*

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilbern Wince

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased January 5 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>2</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John T. Nutt

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

14. Maiden name Bessie Mackey

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

16. (a) Informant Wilbern Wince

(b) Address 4007 N. 9th St.

17. (a) Removal (b) Date thereof April 1 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesboro Arkansas

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) APR 1 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(e) State Missouri (b) County 26

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4007 N. 9th St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day March  
year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral apoplexy

Due to \_\_\_\_\_

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)

Means of injury \_\_\_\_\_

23. Signature Alfred Jones (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 3/11/42

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

93  
no  
17  
9

*Coroner*

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**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 *Harry J. Schumacher*  
Licensed Embalmer No. *2679*  
P. O. Address *732 Lemay*

**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.**