

FILED JUN 20 1942

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. **St. Louis, Mo.**  
(c) Name of hospital or institution:  
**1500 South 3rd Street /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
**About 20 years** (Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **Alexander Washington**

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

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

6. (b) Name of husband or wife **Lucille Washington** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **Not Known**  
(Month) (Day) (Year)

8. AGE: Years **About 56** Months Days If less than one day  
hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Joseph Washington**

12. Name **Ala.**

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

14. Maiden name **No. t. Known**

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

16. (a) Informant **1500 South 3rd Street**

(b) Address **Burial June 15 1942**

17. (a) (Burial, cremation, or removal) (b) Date thereof (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) **JUN 15 1942** (Date received local registrar) **J. F. Budick** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... **000**  
(c) City or town **St. Louis, Mo.** (If outside city or town limits, write "RURAL") **23 17**  
(d) Street No. **1500 South 3rd St** (If rural, give location) **9**  
(e) Citizen of foreign country?..... (Yes or No) **U.**  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10th**  
year **1942** hour **10:00** minute **P.** 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.....  
**Aortitis; Chronic Nephritis;**  
**Arteriosclerosis;**

Due to.....  
**Aortitis - Non specific**  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) **131**

Major findings:  
Of operations..... **131**  
Of autopsy.....

Duration

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 **3**

23. Signature **Alfred Perry** (M. D. or other) **3**  
Address **1511 1/2** Date signed **6/15/42**

**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<sup>a</sup> Delmar*

**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.**