

FILED DEC 1 1942 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 9723

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 14 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1426a Cole St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Myra Fortson

3. (b) If veteran, name war --- 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Miles Fortson 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Unavailable abt. 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 69 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name Unavailable
13. Birthplace Unavailable
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Boyd
15. Birthplace Unavailable Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Nash Williams
(b) Address 4034 Fairfax Avenue.

17. (a) Burial (b) Date thereof 11-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) Nov 23 1942 (b) J. T. Bredeck
(Date received local copy) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16,
year 1942 hour 10 minute 13 P.M.

21. I hereby certify that I attended the deceased from November 13,
1942, to November 16, 1942;
that I last saw her alive on November 16, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hypertensive Heart Disease with
Decompensation Unknown

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) (e) Means of injury.....
23. Signature J. E. Smith (M. D. or other).....
Address 2601 Whittier Date signed 11/23/42

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

STATEMENT BY LICENSED EMBALMER

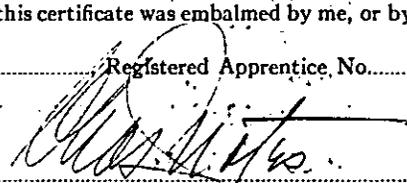
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Chas. J. Gates

Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No.

1875

P. O. Address. 4107 Finney Ave.

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.