

FILED NOV 23 1942 318

Registration District No.

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. 10 days
In this community..... Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Evelyn Harshaw

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced S. O.

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

7. Birth date of deceased. Jan. 18 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 9 20 hr. min.

9. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Nil

11. Industry or business.....

MOTHER FATHER { 12. Name Jesse Winston
13. Birthplace St. Louis, Mo.
(City or town, or county) (State or foreign country)
14. Maiden name Neomi Harshaw
15. Birthplace St. Louis, Mo.
(City or town, or county) (State or foreign country)

16. (a) Informant Evelyn Harshaw

(b) Address 3115a Thomas St.

17. (a) Burial (b) Date thereof Nov. 12, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Jordan W. Chambers While at work? (Specify type of place)
(b) Address 3100 Franklin Ave (c) Means of injury

19. (a) NOV 12 1942 (b) J. F. Budeck 23. Signature S. R. Burnett (M.D. or other)
(Date received local registrar) (Registrar's signature) Address 2601 Whittier Date signed 11/19/42

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3115a Thomas
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8,
year 1942 hour 2 minute 48 P. M.

21. I hereby certify that I attended the deceased from October 29,
1942, to November 8, 1942;
that I last saw her alive on November 8, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculous Meningitis Duration 3 weeks

Due to Lung affected

Due to 13-1

Other conditions (Include pregnancy within 3 months of death)
20

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?

(Specify type of place) While at work? (c) Means of injury

23. Signature S. R. Burnett (M.D. or other)
Address 2601 Whittier Date signed 11/19/42

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.....

Opal F. Peters
.....
Licensed Embalmer No. *4184*

P. O. Address.....
Louis, m

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.