

FILED JAN 5 1943 318
Registration District No. 318

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, Missouri
(c) Name of hospital or institution:
Homer Phillips Hospital 0
(d) Length of stay: In hospital or institution..... 2 mos. 26 days
In this community..... 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis,
(d) Street No..... 4110 Page
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Alice Barbee

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month December day 17,
year..... 1942 hour..... 4 minute 05 P. M.

4. Sex..... F 3 5. Color or race..... C 6. (a) Single, widowed, married, divorced..... married

21. I hereby certify that I attended the deceased from September 21, 1942 to December 17, 1942; that I last saw her alive on Dec 17, 1942 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife..... Alice Barbee 6. (c) Age of husband or wife if alive..... 47 years

Immediate cause of death..... Ca. of Cervix
Duration..... 8 mos plus

7. Birth date of deceased..... (Month)..... (Day)..... (Year).....

8. AGE: Years..... 37 Months..... 7 Days..... 8 If less than one day..... hr..... min.....

Due to.....
Due to.....
Other conditions.....
Major findings: Of operations.....
Of autopsy.....

9. Birthplace..... Huntington, Tenn! (City, town, or county)..... (State or foreign country).....

10. Usual occupation.....

11. Industry or business..... Housewife

12. Name..... Edward Anderson

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

14. Maiden name..... unknown

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

16. (a) Informant..... Elizabeth Hamilton

(b) Address..... 2708 R Hickory

17. (a) Burial (b) Date thereof..... 12 23 42 (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood Cem.

18. (a) Signature of funeral director..... A. E. Walton

(b) Address..... 2707 Stoddard St

19. (a) 026 (b) J. J. Brudeck (Registrar's signature)

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..... E. L. Dickson (M. D. physician)
Address..... 2601 Whittier Date signed..... 12/18/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 2649th Delmar Bldg

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.