

ED APR 19 1943

318

1003

3275

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2223 E. Broadway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hattie Washington

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

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

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

7. Birth date of deceased Feb. 12, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days 58 1 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wash Williams

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

14. Maiden name Unknown

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

16. (a) Informant G. Washington
(b) Address 2223 E. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4/43
(Month) (Day) (Year)

(c) Place: burial or cremation Douglas

18. (a) Signature of funeral director W. H. Spicer

(b) Address 2114 Mo. Ave.

19. (a) APR 7 1943 (Date received local registration) (b) J. J. Buesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1 year 43 hour 4:00 minute 00 M.

21. I hereby certify that I attended the deceased from Apr 1, 1943 to Apr 1, 1943

that I last saw her alive on Apr 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Chronic Nephritis
Uremia
Renal Crisis

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) (c) Means of injury.....

23. Signature L. S. Dever M. D. or other

Address 1536 Poplar Date signed 4-3-43

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

MOTHER FATHER

9228

9228

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 *Ann E. Officer*

Licensed Embalmer No. 3515

P. O. Address *E. St. Louis Ill*

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.