

FILED MAY 27 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No.

4465

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: Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 Thomas St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Levy Forward Minor

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

4. Sex Female 5. Color or race 3 negro 6. (a) Single, widowed, married, divorced 1 divorced married
6. (b) Name of husband or wife Thomas minor 6. (c) Age of husband or wife if alive 28 years (Month) (Day) (Year)
7. Birth date of deceased Nov - 28 - 1878 (Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name Dave Cochran
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Hanna Hainca
15. Birthplace Memphis Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Thomas minor
(b) Address 2616^a Thomas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Tenn

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Family Ave

19. (a) MAY 13 1943 (Date received local registration) J. S. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1943 hour 4 minute 05P M.

21. I hereby certify that I attended the deceased from 19....., to..... 19..... that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death mesenteric thrombosis Caused gangrene of small and large intestine Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 1731

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 Alfred G. Perry (M. D. or other) 3
Address Alfred G. Perry Date signed 5/12/43

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

MOTHER FATHER

Mr. J. J. Watson
3/10/28

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3/10/28

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

J. J. Watson

Licensed Embalmer No. *269A*

P. O. Address *2769 Chautauque*

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.