

FILED JUL 24 1943 18

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

6337

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 7 days
(Specify whether years, months or days)
 In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 2937a Olive
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Mary Means

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

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

6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 4 27-1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace MAHUGH MISS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

MOTHER FATHER { 12. Name CHARLIE ISAAC
 13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
 14. Maiden name " "
 15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Means
 (b) Address 2937 Olive

17. (a) BURIAL (b) Date thereof 7-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bernice Love

(b) Address 3103 Washington

19. (a) JUL 13 1943 (b) J.F. Prosser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11,
 year 1943 hour _____ minute 10 A. M.

21. I hereby certify that I attended the deceased from July
4, 1943, to July 11, 1943
 that I last saw her alive on July 11, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk.

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 D. J. Smith (M. D. or other) _____
 Address 2601 Whittier Date signed 7-12-43

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

AUG 23 1943

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 4219th E. Garfield

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.