

FILED OCT 27 1943 318

1003

Registration District No. Primary Registration District No. Registrar's No.

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: 2245 Dickson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17 971
(If outside city or town limits, write "RURAL")
(d) Street No. 2245 Dickson St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Lillie Davis

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

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

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

7. Birth date of deceased Sept. 29, 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Monroe La. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Sheep Holmes.

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

14. Maiden name Winters

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

16. (a) Informant Shurna Marhead

(b) Address 2245 Dickson St.

17. (a) Burial (b) Date thereof Oct. 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) OCT 20 1943 (Date received local registrar) J. J. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day October year 1943 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from 7-15 1943, to 10-17 1943, that I last saw her alive on 10-17 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 Day

Due to malignant Hypertension

Due to Spinal

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) (e) Means of injury

23. Signature J. J. Bredek (M. D. or other) Address 27626 Franklin Date signed 10-18

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

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.