

FILED NOV 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33046

Registration District No.

Primary Registration District No.

Registrar's No.

9571

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 Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether

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

3. (a) PRINT FULL NAME Opalee Driver

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

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

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

7. Birth date of deceased May 28 1938
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 5 1 hr. min.

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

10. Usual occupation None

11. Industry or business.....

12. Name Will Porter

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

14. Maiden name Winona Willis

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

16. (a) Informant Alberta Peasy

(b) Address 2032 Cass Avenue

17. (a) Removal Nov. 1 1943 (b) Date thereof (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation Wann, Arkansas

18. (a) Signature of funeral director English Ind. Co.

(b) Address 2031 Lucas Avenue

19. (a) NOV 1 1943 (Date received local registrar)
J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town 2932 Cass
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. Louis
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
 year 1943 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis following emergency hysterectomy at Homer G. Phillips Hosp.
 Due to Oct 28 1943
 was seen.....

Due to Hosp.

Other conditions. (Include pregnancy within 3 months of death)
12/1/43

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 3

23. Signature Thomas J. Callaway
 Address Deputy Coroner Date signed 11-1-43

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

MOTHER FATHER

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, ave

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.