

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

ED. MAR 27 1944

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911

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

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 _____)

In this community 6 years
(years, months or days)

3. (a) PRINT FULL NAME Carrie Willis

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1889

7. Birth date of deceased 7 - 6 - 1889
(Month) (Day) (Year)

8. AGE: 54 Years 55 Months 8 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business At Home

12. Name Henderson Tuggles

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

14. Maiden name Carrie Tuggles

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

16. (a) Informant Adella Harris

(b) Address 4001 Aldine Avenue

17. (a) Burial (b) Date thereof 3 - 17 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director Peoples' Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) MAR 16 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4001 Aldine
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13, year 1944 hour _____ minute 13 A. M.

21. I hereby certify that I attended the deceased from March 6, 1944, to March 13, 1944; that I last saw her alive on March 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension

Duration Unk.

Due to _____

Due to 102

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 Alva Moore (M. D. or other) _____

Address 3601 Whittier Date signed 3/13/44

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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 *Jatie G. Pettus*
Licensed Embalmer No. *24184*
P. O. Address *St. Louis, Mo.*

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.