

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

FILED APR 20 1944

State File No.

3427

Registration District No.

318

Primary Registration District No.

1003

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 Phillips Hospital O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 15 days
(Specify whether
 In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis, 1710
(If outside city or town limits, write "RURAL")
 (d) Street No. 4332 Labadie 9
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ O

3. (a) PRINT FULL NAME

Addie Washington

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

4. Sex F 5. Color or race col. 6. (a) ~~Single, widowed, married,~~
~~divorced~~ 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Subj. years
 7. Birth date of deceased April 10 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Catalanelli Ma O

11. Industry or business Housewife

12. Name PLEASANT GIBBS

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

14. Maiden name SYLIVA HALL

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

16. (a) Informant Mo. Russell West Brooks

(b) Address 4332 LABADIE AVE

17. (a) Burial (b) Date thereof April 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREEN WOOD CEMETERY

18. (a) Signature of funeral director Raymond Smith

(b) Address 4247 St. Lehigh Ave

19. (a) APR 13 1944 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9,
 year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from February
25, 1944 to April 9, 1944;
 that I last saw her alive on April 9, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Accident 83
 Duration 7 wks.

Due to Hypertension 83 Unk.

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

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 Alva Mason (M. D. or other) O

Address Mo. Wichita Date signed 4/10/44

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed..... *William C. McDowell*

Licensed Embalmer No..... *2114*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.