

U.S. No. 2
FORM-5-43
Rev. 5-17-39
X36671

FILED MAR 23 1945
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2322

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 9 days
(Specify whether years, months or days)

In this community 13 years

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. 2714 Stoddard
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Margaret Ward

3. (b) If veteran, none name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race col.

6. (a) Single, 0 widowed, married, divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased feb. 16 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>35</u>	<u>-</u>	<u>25</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Henry Jackson

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

14. Maiden name Matilda Johnson

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

16. (a) Informant Elnora Singleton.

(b) Address 2714 Stoddard

17. (a) Greenwood (b) Date thereof 3/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Allen Wailes

(b) Address 3506 Franklin Ave.

19. (a) MAR 12 1945 J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9,
year 1945 hour 1 minute 46 A. M.

21. I hereby certify that I attended the deceased from January 28, 1945, to March 9, 1945,
that I last saw her er alive on March 9, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix with generalized metastasis

Duration Unk.

Due to _____

Due to _____

Other conditions HSA
(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 L. E. Courtney (M.D. or other)

Address 2601 Whittier Date signed 3/17/45

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 *James A. Huson*

Licensed Embalmer No. *3522*

P. O. Address *3506 Franklin*

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.