

FILED JAN 11 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11507

1. PLACE OF DEATH:

(a) County _____

(b) City or town Saint 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 2 mos 3 days
(Specify whether)

In this community _____
years, months or days

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. 2133 Eugenia
(If rural, give location)

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

3. (a) PRINT FULL NAME LUCILLE ALLEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1945 hour 3 minute 50 A. M.

21. I hereby certify that I attended the deceased from 10-17
1945 to 12-20, 1945.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased June 2 1896
(Month) (Day) (Year)

that I last saw her alive on 12-20, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>6</u>	<u>18</u>	hr. _____ min.

Carcinoma of Cervix - Far Advanced Unk

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

Due to _____

10. Usual occupation Nil

Due to _____

11. Industry or business _____

Other conditions None
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Henry Green

Major findings: Of operations _____

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

Of autopsy No

{ 14. Maiden name Betty Smith
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant E. Hardiman

(a) Accident, suicide, or homicide (specify) _____

(b) Address 2601 N Whittier

(b) Date of occurrence _____

17. (a) Anatomical Board Date thereof 12-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Wrightington D.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director _____

(Specify type of place) While at work? _____ (c) Means of injury _____

(b) Address _____

23. Signature Clifton Hancock (M. D. or other) _____

19. (a) DEC 28 1945
(Date received local registrar)

Address 2601 N Whittier Date signed 12/22

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.....

Licensed Embalmer No.....

P. O. Address.....

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.