

FILED SEP 24 1946

Registration District No. 307

Primary Registration District No. 6076

Registrar's No. 1981

1. PLACE OF DEATH:
 (a) County ST. LOUIS Koch
 (b) City or town Lural
 (c) Name of hospital or institution St. Roch Hosp
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 95 days
 In this community 20 yrs
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
 (d) Street No. 724 N 23d
 (e) Citizen of foreign country? no
 If yes, name country _____

3. (a) PRINT FULL NAME ANNIE MAE SCRIGGS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. ?

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 7
 year 1946 hour 12 minute 25 A.M.
 21. I hereby certify that I attended the deceased from 6-4, 1946, to 9-7, 1946
 that I last saw her alive on 9-6, 1946
 and that death occurred on the date and hour stated above.

4. Sex Fem 5. Color or race Bl
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edward Scriggs 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased 9-15-1917
 (Month) (Day) (Year)

Immediate cause of death Pulmonary Tbc. F.A.
 Duration ?

8. AGE: Years 28 Months 11 Days 22
 If less than one day hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Lumberston Miss
 (City, town, or county) (State or foreign country)
 10. Usual occupation ml

11. Industry or business _____
 12. Name Will Veruer
 13. Birthplace ? ? 9
 (City, town, or county) (State or foreign country)
 14. Maiden name JESSIE FISHMAN
 15. Birthplace ? ? 11
 (City, town, or county) (State or foreign country)

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 0

16. (a) Informant History of Pt
 (b) Address _____
 17. (a) Burial (b) Date thereof Sept 13, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery
 18. (a) Signature of funeral director English Und. Co
 (b) Address 2931 Lusk Ave
 19. (a) 9-14-46 (b) Arthur J. Allen
 (Date received local registrar) (Registrar's signature)

23. Signature Armand Friedman (M. D. or other) M.D.
 Address St. Roch Hosp Date signed 9/7/46

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

300000

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.