

3. No. 2
-12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

32322

FILED **OCT 14 1946** **STANDARD CERTIFICATE OF DEATH**
Registration District No. **318** Primary Registration District No. **1003**

State File No. _____
Registrar's No. **8485**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. 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 **12 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Manuel Washington**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **413-07-6912**

4. Sex **male** 5. Color or race **2 Negro** 6. (a) Single, widowed, divorced **Widowed**

6. (b) Name of husband or wife **dead** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug 10 1887**
(Month) (Day) (Year)

8. AGE: **59** yrs Months **1** Day **10** If less than one day hr. min.

9. Birthplace **Sunflower, County Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Self**

12. Name **Richardson Washington**

13. Birthplace **Sunflower Miss.**
(City, town, or county) (State or foreign country)

14. Maiden name **Boone Johnson**

15. Birthplace **Sunflower Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Freddie Jinson**
(b) Address **4472 Cousins Ave.**

17. (a) **Removal** (b) Date thereof **10-4-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenville, Miss.**

18. (a) Signature of funeral director **James D. Tetts**
(b) Address **3030 Bell Ave.**

19. (a) **Oct 2 1946** (b) **J. F. Bredek**
(Date received local registration) (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. **4472 Easton**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **U.S.A.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26**
year **1946** hour **3** minute **P** M.

21. I hereby certify that I attended the deceased from **9-14** 19 **46** to **9-26** 19 **46**
that I last saw him alive on **Sept. 26** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach with Metastasis**
Duration **Undet.**

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy **No**

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 **S**

23. Signature **E. P. Williams** (M. D. or other)
Address **2601 N Whittier** Date signed _____

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

MOTHER FATHER

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

Esther K. Harris

Registered Apprentice No.

416

working under my personal supervision.

Signed

W. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Alder

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.