

FILED MAR 24 1947

State File No. 2739

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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 5 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. 2112 Spruce
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11
year 1947 hour 2 minute 5 P.M.

21. I hereby certify that I attended the deceased from
3-6-47 1947, to Mar. 11 1947;
that I last saw her alive on Mar. 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Old Cerebral Vascular Accident with Undet.
Right Hemiplegia

Duration

Due to.....
Due to.....

Other conditions Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy No

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(c) 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 Edw. Williams (M. D. or other)
Address 7607 N. Columbus Date signed 3/17/47

3. (a) PRINT FULL NAME Mary Booker

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theodore Booker 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased About 62
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 62 hr. min.

9. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Unknown 7

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 7

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Booker

(b) Address 2112 Spruce

17. (a) Burial (b) Date thereof 4-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G. Wade Brantley

(b) Address 422 S. Jersey

19. (a) MAR 15 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.