

FILED MAR 24 1947  
318  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1005

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days)

In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill.

(b) County St Clair

(c) City or town Brooklyn  
(If outside city or town limits, write "RURAL")

(d) Street No. 206 So. 5th St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HELEN EVANS.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased June 15 1880  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1947 hour 6 minute 40 a.m.

21. I hereby certify that I attended the deceased from March 5 1947 to March 12 1947 that I last saw her alive on March 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Duration 7 days

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>8</u>	<u>28</u>	hr. _____ min. _____

Due to Asphyxia

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

Due to 108

10. Usual occupation Housewife at Home

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

12. Name Upton Phillips

Of autopsy \_\_\_\_\_

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

14. Maiden name unknown

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

16. (a) Informant Mary Bailey

(b) Address 502 Jefferson St. Longwood

17. (a) Removal (b) Date thereof 3/15 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Church Ill.

18. (a) Signature of funeral director J. Marshall

(b) Address 2205 No. Ave. St. Louis Ill.

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

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) Manner of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Signature] Date signed March 14 1947

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis Ills

**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.**