

FILED JUN 13 1947

Registration District No.

Primary Registration District No.

Registrar's No.

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: Peoples  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 hrs.  
In this community 20 Yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1206 So. Compton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1947 hour 10 am. minute  M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute Intestinal Obstruction  
Contrib. Adhesive Band (attached  
Due to To Fibroid)  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Lula Jinkins Alexander

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

4. Sex Female 5. Color or race Col. 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 May. 24 1881  
(Month) (Day) (Year)

8. AGE: Years 66 Months \_\_\_\_\_ Days 9  
If less than one day 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation housekeeper

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

12. Name Arrion Burks

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

14. Maiden name Mary ANN Nelson

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

16. (a) Informant Eugean Jinkins

(b) Address 3125 Spruce St

17. (a) Burial (b) Date thereof June 7. 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. F. Taylor

(b) Address 169 Chouteau Ave

19. (a) JUN 4 1947 (b) J. F. Taylor  
(Date received local registrar's certificate) (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) Means of injury 3

23. Signature Patrick F. Taylor (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 6-4-47

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

Signed.....

Licensed Embalmer No. *2698*

P.O. Address *2769 Christeau*

**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.**