

No. 2
-12-45
5-17-39
PI X47070

FILED JUL 12 1947

State File No. _____
Registrar's No. 8115

Registration District No. _____ Primary Registration District No. 1003

318

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution:
2315 CLARK 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE
(Specify whether _____)

In this community _____
years, months or days

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. 2315 CLARK
22 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME PATSY WILLIS

3. (b) If veteran, name war NO.

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5th year 1947 hour _____ minute 15 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.

4. Sex F. 3 5. Color or race COL.

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

6. (b) Name of husband or wife SYLVESTER WILLIS

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

7. Birth date of deceased 9 - 13 - 09
(Month) (Day) (Year)

Immediate cause of death _____

Due to Coronary Thrombosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

44 10 22 hr. _____ min.

9. Birthplace CRAWFORD MISS. 1
(City, town, or county) (State or foreign country)

10. Usual occupation LAUNDRY

11. Industry or business _____

12. Name JOHN GRAY

13. Birthplace UNK MISS. 1
(City, town, or county) (State or foreign country)

14. Maiden name REBECCA SMITH

15. Birthplace UNK MISS. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Lopez Jr.

(b) Address 2315 CLARK

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

(c) Place: burial or cremation Crawford, Miss

18. (a) Signature of funeral director Herman L. Allen

(b) Address 4254 W. FINNEY

19. (a) JUL 7 1947 (b) J. P. Brudeck
(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) Means of injury _____

23. Signature Alvin E. Jay (M. D. or other) _____

Address Ny 2 Date signed 7/2/47

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

Emb separate cert filed

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.....

P. O. Address.....

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.