

S. No. 2
JM-5-43
v. 5-17-39
I X36671

FILED OCT 4 1947

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis mo
 (b) City or town St. Louis mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
H 017 Cook apt 201
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County one
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. H 017 Cook apt 201
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bessie Pintney
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
 year 1947 hour 7 minute 21 A. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

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 _____
(Month) (Day) (Year)

Immediate cause of death _____
 Due to Cerebral Hemorrhage
 Due to _____
 Other conditions 83 a
(Include pregnancy within 3 months of death)
 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
abt 61 _____
 hr. min.

9. Birthplace St. Louis mo
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business at home

12. Name Ed Moore

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

14. Maiden name Anna Moore

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

16. (a) Informant Wardell Parrish

(b) Address H 017 Cook ave

17. (a) Burial (b) Date thereof 9-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address 3624 ...

19. (a) SEP 22 1947 (b) J. F. Brobeck
(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 3
 23. Signature John J. ... (M. D. or other)
 Address ... Date signed 9/19/47

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.....

Edward A Flynn

Licensed Embalmer No..... *4444*

P. O. Address..... *45480 Bag*

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.

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