

FILED FEB 9 1948 **318**
Registration District No. _____

Primary Registration District No. **1003**

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

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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **1014 N Leonard** (If rural, give location) **9**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Lucille Webb**
3. (b) If veteran, name war.....
3. (c) Social Security No. _____

4. Sex **Female** Color or race **Col**
5. Color or race.....
6. (a) Single, widowed, married, divorced **WIDOW**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive **27 1/2** years (Day) (Year)
7. Birth date of deceased **Oct 27th 1893**
(Month) (Day) (Year)

8. AGE: Years **54** Months **3** Days **1** If less than one day hr. min.

9. Birthplace **Trenton Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **Albert Dennis**

13. Birthplace **Trenton Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Moore**

15. Birthplace **Trenton Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Dennis**

(b) Address **1014 N. Leonard ave**

17. (a) **burial** (b) Date thereof **2-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. R. Riddle & Son**

(b) Address **3133 Bell ave**

19. (a) **JAN 30 1948** (b) **G. F. Bradees**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **28** year **1948** hour **5** minute **0** A. M.
21. I hereby certify that I attended the deceased from **Jan. 23** 19 **48** to **Jan. 28** 19 **48**
that I last saw h. **or** alive on **Jan. 28** 19 **48**
and that death occurred on the date and hour stated above. Duration
Immediate cause of death **Luetic Heart Disease with Decompensation** Undet.

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

Other conditions **Prob. Coronary Thrombosis**
(Include pregnancy within 3 months of death)

Pellagra
Major findings:
Of operations.....

Of autopsy **None**

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) (State) (City or town) (County) (State)

23. Signature **Osler J. Daniels** (M. D. or other) **0**

Address **2601 N. Whittier** Date signed **1/29/48**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

S. J. Watson

Licensed Embalmer No

2698

P. O. Address

2769 Chautau

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.