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FILED AUG 12 1948
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Registrar's No. 6825

Registration District No. Primary Registration District No.

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.....
3101a Lawton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether

In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
 (c) City or town..... **St Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **3101a Lawton**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **William Stiggers**
 3. (b) If veteran, name war..... **No**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **August** day..... **1**
 year..... **1948** hour..... **9** minute..... **0** a.m.

4. Sex..... **Male** 5. Color or race..... **Negro** 6. (a) Single, widowed, married, divorced..... **Married**
 6. (b) Name of husband or wife..... **Rosa Stiggers** 6. (c) Age of husband or wife if alive..... **Unk.** years
 7. Birth date of deceased..... **September 28 1863**
 (Month) (Day) (Year)

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.

8. AGE:

Years	Months	Days	If less than one day
84	10	3	hr. min.

Immediate cause of death..... **Cerebral Apoplexy**
 Due to.....
 Due to.....

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

Other conditions..... (Include pregnancy within 3 months of death)
 Due to.....

10. Usual occupation..... **Unemployed**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Henry Stiggers**
 13. Birthplace..... **Sardis, Miss.**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **Miranda King**
 15. Birthplace..... **Sardis, Miss.**
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Naomi Harris**
 (b) Address..... **3043 Stanton Blvd**
 17. (a) **Burial** (b) Date thereof..... **8-6-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

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?..... (Specify type of place)

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

18. (a) Signature of funeral director..... **C. T. Nash**
 (b) Address..... **3847 Page**
 19. (a) **AUG 4 - 1948** (b) **J. H. Bredel**
 (Date received local registrar) (Registrar's signature)

While at work..... Means of injury.....
 23. Signature..... **Walter Perry** (M. D. or other)
 Address..... **County Moore** Date signed..... **8/4/48**

WRITE PLAINLY—USING 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 _____

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

Signed _____ *Charles King*

Licensed Embalmer No. *7789*

P. O. Address *3847 Page*

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.