

FILED NOV 21 1948 **318**
 Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE 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 6 days
(Specify whether
 In this community..... 26 years
years, months or days)

3: (a) PRINT FULL NAME Josie Boyce

3. (b) If veteran, name war no 3. (c) Social Security No. no card

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept. 22, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>I</u>	<u>16</u>	hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business.....

MOTHER FATHER

12. Name Harry Walker

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

14. Maiden name Lulu ?

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

16. (a) Informant Mabel Kirkman
 (b) Address 3685 Cook Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery.

18. (a) Signature of funeral director Wright's Funeral Home.
 (b) Address NOV 12 1948 3100 Easton Ave.

19. (a) J. B. Lassater (Date received local registrar) (b) J. B. Lassater (Registrar's signature)

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. 3685 Cook Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
 year 1948 hour 9 minute 55 a. m.

21. I hereby certify that I attended the deceased from Nov. 2 1948 to Nov. 8 1948
 that I last saw her alive on Nov. 8 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage and Hyper-
tensive Heart Disease

Duration Undet.

Due to.....

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations.....

Of autopsy..... None

Underline the cause to which death should be charged statistically.

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) Means of injury.....

23. Signature Osceola Daniels (M. D. or other) Date signed 11/8/48
 Address 2601 N Whittier

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.