

FILED JAN 13 1949

Registration District No. _____

318 Primary Registration District No. 1003

Registrar's No. 11443

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 8 days
 (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. 3404 Lawton
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Dora Orr

3. (b) If veteran No name war _____
 3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
 year 1948 hour 7 minute 50 a. M.

21. I hereby certify that I attended the deceased from
Dec. 23, 1948, to Dec. 31, 1948,
 that I last saw h. er. alive on Dec. 31, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility with Dementia and Cachexia
 Duration Undet

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy None
 PHYSICIAN _____
 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? _____

23. Signature Herbert J. Krivak (M. D. or other) _____
 Address 2601 N Whittier Date signed 12/31/48

4. Sex Female 5. Color or race Colored
 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 Not Known
 (Month) (Day) (Year)

8. AGE: Years About 64 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Toney Gallinton

12. Name Va.
 13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Sarah ?
 15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant Birnie Bryant
 (b) Address 3404 Lawton Ave.

17. (a) _____ (b) Date thereof 1-4-49
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Un' Co.
 (b) Address 2726 Lucas Ave.

19. (a) JAN 3 1949 (b) _____
 (Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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 *Theodore J. Yankie*

Licensed Embalmer No. *4243*

P. O. Address *14 Wayne Ave*

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.