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DEC 13 1941

Registration District No. 73

Primary Registration District No. 200

Registrar's No. 2476

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town K.C.H.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Robert Koel Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 98 days
(Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis O.C.C.

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 23 Washington Terrace
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Arthur Booker

3. (b) If veteran, name war _____

3. (c) Social Security No. REMARKED

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1941 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from August 29, 1941 to December 5, 1941
that I last saw him alive on December 4, 1941
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race Negro

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Mable Inez

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

7. Birth date of deceased September 18, 1889
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Pulmonary and gastro-intestinal tuberculosis

8. AGE: Years 52 Months 2 Days 17
If less than one day _____ hr. _____ min.

9. Birthplace Marshall Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business _____

MOTHER FATHER { 12. Name David Booker

13. Birthplace Marshall Mo. D
(City, town, or county) (State or foreign country)

14. Maiden name Mable Carter Field

15. Birthplace Marshall Mo. D
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Record

(b) Address _____

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? _____

17. (a) Marshall Mo. (b) Date thereof Dec 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director F. F. Ferguson

(b) Address St. Louis

23. Signature Frank U. Stanley (M. D. or other) Ph.D.

Address Robert Koel Hospital Date signed Dec 6, 41

19. (a) DEC 6 1941 (b) C. H. McFarland
(Date received local registrar) (Registrar's signature)

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

MAY 6 1947

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..... *F. D. Ferguson*.....
Licensed Embalmer No. *2172*.....
P. O. Address *Delaware*.....

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.