6

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

32289
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 8343

(c) City St Louis (d) Street No. Homer G Phillips St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Urquhart

(a) Residence, No. 2204a Franklin Avenue St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE Col | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Urquhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor common

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Ga

FATHER

13. NAME James Urquhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Ga

MOTHER

15. MAIDEN NAME Mary Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Ga

17. INFORMANT Helen Urquhart
(ADDRESS) 2204a Franklin Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Sept 7th 37

19. FUNERAL DIRECTOR Jas. H. Randle & Son
(ADDRESS) 920 No. Leonard Avenue

20. FILED SEP 4 1937 19 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Debility	

Other contributory causes of importance:

Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph M. Queen, M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

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.)