

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

32305

Do not use this space.

1. PLACE OF DEATH

Homer G Phillips Hospital

(a) County

Registration District No.

1003

(b) Township

Primary Registration District No.

Registered No.

8359

(c) City St. Louis

(d) Street No. 2601

N Whittier

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 8 yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Will Lathon

(a) Residence, No.

2707a Eugenia

St.

22

(If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

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

Queen Lathon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1902

7. AGE

YEARS

35

MONTHS

3

DAYS

25

If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.

Laborer

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

Lumber

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

13. NAME

Nat Lathon

14. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

15. MAIDEN NAME

Jane Currie

16. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

Evelyn Hilliard

2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Parkway Sept. 6 1937

19. FUNERAL DIRECTOR A. Russell Und. Co.
(ADDRESS) 2732 Pine Street

20. FILE

SEP 5 1937

J. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from
Aug. 9, 1937 to Sept. 1, 1937

I last saw him alive on Sept. 1, 1937. Death is said

to have occurred on the date stated above, at 7:55 a.m.

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

Syphilitic heart disease

Date of onset
8/9/37

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical 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) A. L. Lewis, M. D.

(Address) 2601 N Whittier

(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.

2732 Pine Street

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

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

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Joel Russell
Licensed Embalmer No. 2115

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.)