

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.

207-4-1337

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

791  
1003

32773

Do not use this space.

1. PLACE OF DEATH Homer Phillips Hospital

(a) County St. Louis Registration District No. 1  
(b) Township St. Louis Primary Registration District No. 1  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8827

2. PRINT FULL NAME Joseph Naylor

(a) Residence, No. 1523 Franklin St. 25  
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 1 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
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) St. Louis, Mo.  
(STATE OR COUNTRY)

13. NAME Hughie Naylor  
14. BIRTHPLACE (CITY OR TOWN) Memphis  
(STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Mary Hogan  
16. BIRTHPLACE (CITY OR TOWN) Amory  
(STATE OR COUNTRY) Miss.

17. INFORMANT Mary Naylor  
(ADDRESS) 1523 Franklin

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Father Dicksons DATE 9/22/37

19. FUNERAL DIRECTOR E. L. Garner  
(ADDRESS) 2823 Washington Ave.

20. FILED J. T. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/19/37 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 8:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia  
Primary

Other contributory causes of importance:

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? No  
If so, specify Joseph M. Garner, M.D.  
(Signed) Deputy Coroner  
(Address)

STATEMENT BY LICENSED EMBALMER

I, Arvey Andrews, Licensed Embalmer No. 3974  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arvey Andrews  
L. E. St Louis Missouri  
No. 3974 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Arvey Andrews  
Licensed Embalmer No. 3974

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.)