

NCB—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.

OCT 14 1937

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

33100

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County.....

Registration District No.....

791  
1003

(b) Township.....

Primary Registration District No.....

Registered No.....

9154

(c) City St. Louis, Missouri

(d) Street No.....

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred 33 yrs. mos. ds.

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

2. PRINT FULL NAME Will Pamplien

(a) Residence, No. Jefferson & Delmar

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

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) March 15, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

62

6

0

OCCUPATION

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

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

Junk Man

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Nashville,

(STATE OR COUNTRY)

Tenn.

FATHER

13. NAME Will Small

14. BIRTHPLACE (CITY OR TOWN) Tenn.

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Vealia Turner

16. BIRTHPLACE (CITY OR TOWN) Tenn.

(STATE OR COUNTRY)

17. INFORMANT Evelyn D Hilliard

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington U DATE 9-22-1937

19. FUNERAL DIRECTOR W. Richter

(ADDRESS)

3500 Rutger St

20. SEP 25 1937

St. Braddock

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1937 to Sept. 15, 1937

I last saw him alive on Sept. 15, 1937. Death is said to have occurred on the date stated above, at 6:23 p.m.

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

Pulmonary Tuberculosis

Date of onset 8/27/37

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

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**