

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

968
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **824**
 (c) City **St. Louis** (d) Street No. **Homer Phillips Hosp.** 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.

2. PRINT FULL NAME

(a) Residence, No. **2723 Maple** St. **21** (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 **Male** 4. COLOR OR RACE **Cold** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 8, 1899**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
L 47 6 12

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. **Common**
 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) **Miss**

13. NAME **Not Ascertainable**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Ascertainable**

15. MAIDEN NAME **Not Ascertainable**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Ascertainable**

17. INFORMANT **Willie James** (ADDRESS) **2741 Jackson**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Jefferson Barracks** DATE **Jan. 26** 19**38**

19. FUNERAL DIRECTOR **J. H. Harrison** (ADDRESS) **2906 Lantier**

20. FILED **JAN 24 1938** **J. H. Harrison** Local Registrar

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/20/38** 19

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

I last saw him alive on 19. Death is said to have occurred on the date stated above, at **12:45 P.M.**

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

Bilateral Broncho-Pneumonia.

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? **Yes**

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

(Signed) **Alfred J. Perry** M.D.

(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, Jack H. Harrison, Licensed Embalmer No. 760
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

Jack H. Harrison

Licensed Embalmer No. 760

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.)