

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4671
Do not use this space.

791
1003

REC'D MAR 14 1938

1. PLACE OF DEATH

Homer G Phillips Hospital

(a) County.....
(b) Township.....
(c) City..... St. Louis

Registration District No.....
Primary Registration District No.....
(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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1316

2. PRINT FULL NAME

Georgia Bess 200

(a) Residence, No. 1023 Call Street 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1937, to Jan. 31, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 18, 1901

I last saw h. or alive on Jan. 31, 1938. Death is said to have occurred on the date stated above, at 7:40a m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 11 13

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

OCCUPATION 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

Lobar pneumonia Date of onset 12/30/37

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

Other contributory causes of importance

FATHER 13. NAME Albert Wilson

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

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? yes

MOTHER 15. MAIDEN NAME Eliza McCoy

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

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.

17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Harvard Dig DATE Feb 5, 1938

Manner of injury.....
Nature of injury.....

19. FUNERAL DIRECTOR (ADDRESS) Mrs. E. Thomas Clark
2734

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. F. Buehler, M. D.
(Address) 2601 N Whittier

20. FILED FEB 5 1938

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Rex O Campbell, Licensed Embalmer No. 3881

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

L. E.

No. 3885 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Rex O Campbell

Licensed Embalmer No. 3881

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.)