

REC'D MAR 24 1938

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

8243
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 200 Registered No. 415
(c) City Wallerston (d) Street No. 6152 Minerva Street 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. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stillborn President L. P. B.

(a) Residence, No. 6152 Minerva Avenue St.
(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 Negro 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 5, 1938

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

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

12. BIRTHPLACE (CITY OR TOWN) Saint Louis County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Horace President
14. BIRTHPLACE (CITY OR TOWN) Port Gibson
(STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Laura Essie
16. BIRTHPLACE (CITY OR TOWN) Unavoi
(STATE OR COUNTRY) Mississippi

17. INFORMANT Horace President
(ADDRESS) 6152 Minerva Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 3-7-38

19. FUNERAL DIRECTOR Charles G. Sales
(ADDRESS) 4107 Finney Avenue

20. FILED 3-5 1938 T. R. Meyer, M.D., P. D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 19 38

22. I HEREBY CERTIFY, That I attended deceased from 3/5/38 to 3/5/38

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2: A.M.

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

Stillborn
I was

Other contributory causes of importance
Disturbance in fetus by
fall of mother while
led jumping window

Name of operation None Date of _____
What test confirmed diagnosis Physi. and as 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 3/5/38

Where did injury occur? in home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury work free from window
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify only domestic duties

(Signed) J. T. Freed M.D.
(Address) 2748a Franklin Avenue

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.

STATEMENT BY LICENSED EMBALMER

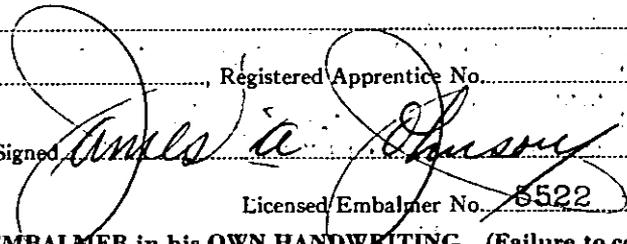
I, James A. Johnson, Licensed Embalmer No. 3522

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

L. E.

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

Signed



Licensed Embalmer No. 3522

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.)