

REC'D MAR 13 1939

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

5112
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis mo Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003 Registered No. 1805
 (c) City St. Louis mo (d) Street No. 2666 Lucas Ave St. Mo
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT-FULL NAME

(a) Residence, No. 2666 Lucas Ave 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 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) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt. 37
 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. Labour
 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) Little Rock Ark
 FATHER 13. NAME Able Kraft
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark
 MOTHER 15. MAIDEN NAME unk.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (NAME) (ADDRESS) Warren Johnson
2666 Lucas Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Washington Park 2-25-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros
3644 F. immer ave
 20. FILED FEB 24 1939 J.P. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-19 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 15 to Feb-19
 last saw him alive on Feb-15 1939 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:
Cerebral Emboli
g2b
 Date of onset 14 days

Other contributory causes of importance:
Infected bull
bleeding probably
caused by alcoholic condition
non malignant, no stones
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 no (Signed) J. Moore, M. D.
 (Address) 1386 Franklin

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Louis V. Atkins

or by

Registered Apprentice No., working under my personal supervision.

Signed

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Firm*

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.)

If this body is not embalmed, above space should be left blank.