

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.

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

26901  
 Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784

(b) Township Candlelight Primary Registration District No. 200

(c) City Jefferson Barracks (d) Street No. Vet Hosp St. Unkn. (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 William Epps 120

(a) Residence, No. 1129 North Leonard Ave. St.  Saint Louis, Missouri. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Amanda Epps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1891

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, .....hrs. or .....min. |
|--------|-------|--------|------|--|
|        | 47    | 11     | 15   |  |

OCCUPATION

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

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) Atlanta, (STATE OR COUNTRY) Georgia

FATHER

13. NAME John Epps

14. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Georgia

MOTHER

15. MAIDEN NAME Alice Jenkins

16. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Georgia

17. INFORMANT Miss E. Epps, VAF Jefferson Barracks, Missouri. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Jefferson Barracks DATE July 27, 1939

19. FUNERAL DIRECTOR (NAME) Peoples Wholly Co (ADDRESS) 3100 Franklin, St. Louis

20. FILED JUL 25 1939 R. M. Jones Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1939 to July 23, 1939

I last saw him alive on July 23, 1939 Death is said to have occurred on the date stated above, at 7:40 P.M.

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

Myocarditis, chronic and Nephritis, chronic with edema (arterio-sclerotic). Date of onset Unkn.

Other contributory causes of importance: 131 Cerebral arteriosclerosis. Unkn.

Name of operation None Date of -

What was confirmed diagnosis? my. clinical manif. and lab. 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 See Deegh

(Signed) C. W. HUGHES, Chief Med. Officer, M. D. (Address) VAF., Jefferson Barracks, Mo.

**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, ~~or by~~ .....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Henry Goodin*

Licensed Embalmer No. 3050

P. O. Address 4237<sup>th</sup> Labadie

**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.**