

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County 3
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
Enroute to Homer Phillips
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution. Unavailable (Specify whether years, months or days)

8. (a) PRINT FULL NAME Jewel Mays 2008. (b) If veteran, name war -- 8. (c) Social Security No. none4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive -- years7. Birth date of deceased November 2nd 1907
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
31 10 28 hr. min.9. Birthplace Dyersburg Tenn.
(City, town, or county) (State or foreign country)10. Usual occupation Porter11. Industry or business union12. Name Robert Mays13. Birthplace Paris Tenn.
(City, town, or county) (State or foreign country)14. Maiden name Hattie Bradley15. Birthplace Paris Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Hattie Rice(b) Address 4361 Kennerly Ave.17. (a) Burial (b) Date thereof 10/6/1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Chas. Gates(b) Address 4107 Finney Ave.19. (a) OCT 5 1939 (b) J. B. Beck
(Date received by Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
- (d) Street No. 4361 Kennerly Ave.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. --- years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th
year 1939 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

AdhesiveDue to PericarditisDue to (Dry)Other conditions
(include pregnancy within 3 months of death)Major findings:
Of operations 90

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (b) Means of injury Lf23. Signature Jessie M. Beck (M. D. or other) Cor.
Address 1300 Clark Ave. Date signed _____

STATEMENT BY LICENSED EMBALMER

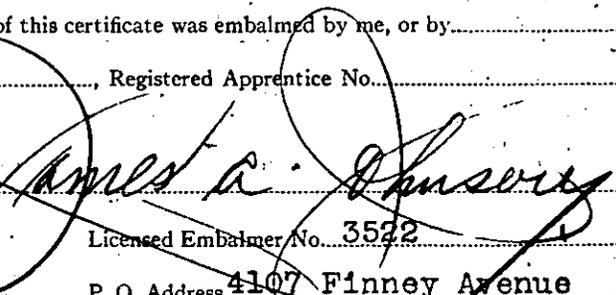
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

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

..... working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.