

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.

791
1000
FEB 17 1940

Registration District No. 1000 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 4 days
In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Coleman Shears 1-2 D
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 19, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>4</u>	<u>29</u>	hr. min.

9. Birthplace Marion Co. Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation W. P. A.

11. Industry or business _____

MOTHER FATHER
12. Name Lohn Shears 1
13. Birthplace Ala.
14. Maiden name Marguerite Sanders
15. Birthplace Ala.

16. (a) Informant's own signature Lusy Shears
(b) Address Emopolis Ala.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/22/40
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. C. McPowell
(b) Address 3506 Franklin Ave.

19. (a) JAN 22 1940 (Date received local registrar) (b) J. D. Brubaker

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St Louis 21
(d) Street No. 2316 R Franklin
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 18
year 1940 hour 12:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 14, 1940, to January 18, 1940

that I last saw him alive on January 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, Sinusitis 4 days

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature Leah Smart (M. D. or other) _____
Address 2601 N Whittier Date signed _____

Duration
4 days
PHYSICIAN
Underline the cause to which death should be charged statistically

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 L. Boy

Registered Apprentice No. Myself

working under my personal supervision.

Signed Tommy Boykin

Licensed Embalmer No. 8946

P. O. Address St. Louis, Mo.

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.