

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis, MO.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 3415 LUCAS AVE 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Lelia Ervin. 615
 8. (b) If veteran, name war NO
 8. (c) Social Security No. NONE

4. Sex Female
 5. Color or race Colored
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife DANIEL
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JAN 4 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months NO Days 22
If less than one day hr. min.

9. Birthplace St Louis, MO
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER
 12. Name THOMAS ERVIN
 13. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)
 14. Maiden name ANNIE ASTON
 15. Birthplace ST LOUIS, MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John 6.2.40
 (b) Address 3415 Lucas, Ave.

17. (a) Burial (b) Date thereof 1-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director G. St. Roberts
 (b) Address 3035 Lucas Ave

19. (a) JAN 30 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
 (d) Street No. 3415 Lucas Ave
(If rural, give location)
 (e) If foreign born, how long in U.S. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 35
 year 1940 hour _____ minute 15 A. 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 _____
Bronchitis
Pneumonia
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 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)
 (c) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
 Address Depot St. Louis Date signed 1-27-40

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 *Arthur L. Hilliard*

Licensed Embalmer No. *3389*

P. O. Address. *3028 Dickson St*

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.