

FILED MAY 15 1940 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 3060

1. PLACE OF DEATH: Homer Phillips  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Homer Phillips  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 months  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Zerly Silas #20  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Si Silas 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Feb 16 1901  
 (Month) (Day) (Year)

8. AGE: Years 39 Months 1 Days 04 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hamboldt Tenn  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business none

12. Name none

13. Birthplace Hamboldt Tenn  
 (City, town, or county) (State or foreign country)

14. Maiden name Zerly Foster

15. Birthplace Hamboldt Tenn  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Si Silas

(b) Address 1518 Diggatt

17. (a) \_\_\_\_\_ (b) Date thereof 4/4-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill.

18. (a) Signature of funeral director W. Thomas

(b) Address 2734 Audiana

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Date of signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town St. Louis Mo 21  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2704 + Franklin  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Mar day 30th  
 year 1940 hour 6:55 minute 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 Pulmonary Tuberculosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 23

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Walter M. ...  
 Address \_\_\_\_\_

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, or by.....

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

working under my personal supervision.

Signed G. L. Lovell

Licensed Embalmer No. 2452

P. O. Address 2820 Dickson

**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.**