No. 2
11-10-39
5-17-40
1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17238

Registrar's No. 4716

1. PLACE OF DEATH:

(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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3621 Cozens
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mayfield Eops 120

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col,

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July (Month) 9 (Day) 1900 (Year)

8. AGE: Years 39 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Newport Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Shoe Shiner

11. Industry or business Self.

FATHER 12. Name James Epps

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

MOTHER 14. Maiden name Katie Richardson

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

16. (a) Informant Joanna Rucker

(b) Address 2712 a N Leffingwell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-40. (Month) (Day) (Year)

(c) Place: burial or cremation Ellis Funeral Home Washington

18. (a) Signature of funeral director 2820 Stoddard St.

(b) Address

19. (a) MAY 29 1940 (Date received local registrar) (b) J. T. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27 year 1940 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from 5-12- 1940, to 5-27- 1940; that I last saw him alive on 5-27 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	One year
Due to Uremia	Two days
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy As above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)

Address 2601 N. Whittier St. Date signed 5-27-40

(Licensed Embalmer's Statement on Reverse Side)

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. Mysk

working under my personal supervision.

Signed Lonnie Boykins

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.