

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

17256

State File No. _____
Registrar's No. 4734

Registration District No. 791

Primary Registration District No. _____

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether _____)
In this community 2 weeks
years, months or days

3. (a) PRINT FULL NAME Benjamin L. English 524

3. (b) If veteran, name war No 3. (c) Social Security No. 702-09-6287

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

6. (b) Name of husband or wife Sadie English 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept 30 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 28 hr. min.

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

10. Usual occupation Car Man

11. Industry or business Cotton Belt R. R.

12. Name John English

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

14. Maiden name Lavanie Gunnels

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

16. (a) Informant's own signature Sadie English

(b) Address Pine Bluff Arkansas

17. (a) burial (b) Date thereof 5-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Bluff, Arkansas

18. (a) Signature of funeral director Alexander's Sons

(b) Address 6175 Delmar Blvd.

19. (a) MAY 29 1940 (b) J. P. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills. (b) County St. Clair
(c) City or town East St. Louis, Mill N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 2422 Bond Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1940 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 15
1940, to May 28 1940;
that I last saw him alive on May 28 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Uremia
Arteriosclerotic Heart Disease
Due to Generalized arteriosclerosis
caused by chronic
Due to glomerular nephritis

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

Major findings: 191
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature James B. Jones (M. D. certifier)

Address 1109 St. Louis Date signed 5-29-40

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.

1 X1081

MAY 24 1958

MAY 20 1958

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 Jose McCulloh
Licensed Embalmer No. 2460
P. O. Address 6170 Delmar
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.