

REG. AUG 25 1940 7 91
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5881

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Napoleon B. Word 630

8. (b) If veteran, name war None 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Narcissa Word 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November 20th, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 20 _____ hr. _____ min.

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

10. Usual occupation Postal Clerk

11. Industry or business U.S. Government

12. Name Richard Word

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

14. Maiden name Malvinia Simms

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

16. (a) Informant Narcissa Word
(b) Address 4026 St. Ferdinand Avenue

17. (a) Burial (b) Date thereof 7/13/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles G. Gates
(b) Address 4107 Finney Avenue

19. (a) JUL 13 1940 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4026 St. Ferdinand Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10,
year 1940 hour 5 minute 55 A. M.

21. I hereby certify that I attended the deceased from June 27, 19 40, July 10, 19 40
that I last saw him alive on July 10, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Transverse
colon Duration 6
months

Due to _____

Due to _____

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

Major findings: Of operations Operative gestation

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 J. F. Bredenk (M. D. or other) _____

Address 872 North Jefferson Date signed 7/17/40

STATEMENT BY LICENSED EMBALMER

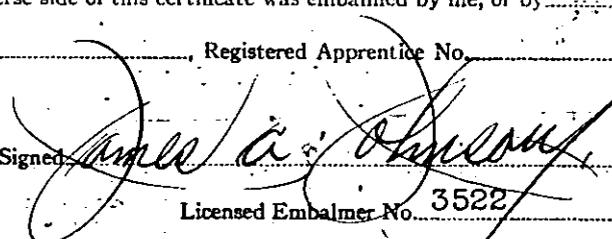
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed



..... Licensed Embalmer No. **3522**

..... P. O. Address **4107 Finney Avenue**

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.