

Registration District No.

Primary Registration District No.

FILED OCT 25 1940 791

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. Ann's - Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Harold Dent

3. (b) If veteran, name war no

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 Julia Dent

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Mar 18, 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>33</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Invalid three mos

11. Industry or business _____

MOTHER FATHER

12. Name Milton Dent

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

14. Maiden name Mollie Gates

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

16. (a) Informant Julia Dent

(b) Address 2019 Division, St.

17. (a) Burial (b) Date thereof Sept 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk

18. (a) Signature of funeral director English Und. Co.

(b) Address 2931 Luchan Ave

19. (a) SEP 6 1940 (b) [Signature]
(Date received local Registrar) (Registrar's 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. 2019 Division, St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th
year 1940 hour 12:10 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)

Major findings: _____
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 [Signature] (Dr. D. or other) _____
Address _____ Date signed _____

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

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

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

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, fact should be so stated above.