

OCT 25 1940
Registration District No. **34**

Primary Registration District No. **1003**

Registrar's No. **7874**

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3014 Thomas Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether)
In this community 10 yrs
years, months or days

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. 3014 Thomas St
(If rural, give location)
(e) If foreign born, how long in U. S. A. native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day Sept.
year 1940 hour _____ minute 2:20 P.M.
21. I hereby certify that I attended the deceased from August
- 22nd - 1940 to Sept. - 18 - 1940
that I last saw him alive on Sept. - 18th - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bact.
-ary Bronchitis and Duration
Acute Neuritis 27 days.
Due to Exposure following
healthy cold.
Due to _____

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

Major findings: None
Of operations None
Of autopsy None

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 1

23. Signature Dr. Johnson (M. D. or other)
Address 1046 N. Grand Date signed 9-18-40

3. (a) PRINT FULL NAME Alex Doolittle
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 22nd 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Unemployed laborer

11. Industry or business _____

MOTHER FATHER
12. Name George Doolittle
13. Birthplace Calhoun Co Miss
(City, town, or county) (State or foreign country)
14. Maiden name Belle Bradshaw
15. Birthplace Charleston Miss
(City, town, or county) (State or foreign country)

16. (a) Informant George Doolittle
(b) Address 3014 Thomas St

17. (a) Burial (b) Date thereof Sept 21st 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. Randle & Son
(b) Address 3133 Beech Ave

19. (a) SEP 21 1940 (b) J. F. Braddock
(Date received local registrar) (Registrar's Signature)

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

V. J. Watson

Licensed Embalmer No. _____

P. O. Address _____

959 S. 27th Ave.

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.