

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
En Route to City Hospital #13
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1752 Missouri Ave.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME ALBERT HAYWOOD

20. DATE OF DEATH: Month Feb. day 14th
year 1941 hour 4 minute 15 P. 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.

3. (b) If veteran, name war no 3. (c) Social Security No. none

Immediate cause of death
Prematurity
Congenital Debility

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

Due to _____
Due to _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

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

7. Birth date of deceased Feb. 1, 1941
(Month) (Day) (Year)

Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
0 0 13 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Bernell Haywood

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

14. Maiden name Ruth Schaeffel

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bernell Haywood

(b) Address 1752 Missouri Ave.

17. (a) Burial (b) Date thereof Feb. 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Am. C. Maydell
(b) Address 1926 Allen Ave.

19. (a) FEB 14 1941 (b) J. W. Redick
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury 3

23. Signature Thomas F. Hallam (M. D. or other)
Address Deputy Coroner Date signed 2/14/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.