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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5672

Registrar's No. 1920

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

(c) Name of hospital or institution Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days
(Specify whether)

In this community 37 years
years, months or days)

3. (a) PRINT FULL NAME Hozie (Ozie) King

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Unk

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

7. Birth date of deceased April 29, 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>9</u>	<u>15</u>	hr. min.

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

10. Usual occupation Porter

11. Industry or business ?????

MOTHER FATHER

12. Name Ezekiel King

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

14. Maiden name ???? Barnett

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

16. (a) Informant Rosemary A Spatter, Clerk

(b) Address 2601 N Whittier

17. (a) _____ (b) Date thereof 2-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. R. ...

(b) Address 3750 ...

19. (a) FEB 20 1941 (b) J. ...
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4209 E Page
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1941 hour 7:20 minute P M.

21. I hereby certify that I attended the deceased from January 21, 1941 to February 14, 1941; that I last saw him alive on February 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary Tuberculosis</u>	<u>2 mos</u>

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 23

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 E. Allen (M. D. or other)

Address 2601 N Whittier

Date signed 2/18/41

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.