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22159

FILED MAY 13 1941

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3168

State File No.

Registrar's No.

Registration District No. **791**

Primary Registration District No.

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)

In this community 54 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
17 11
9

(a) State Missouri (b) County _____

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

(d) Street No. 4179 W. Belle
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Dumas

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race NEGRO

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 DONT KNOW
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>ABOUT 100</u>			hr. min.

9. Birthplace DONT KNOW LOUISIANA
(City, town, or county) (State or foreign country)

10. Usual occupation MESSENGER

11. Industry or business FEDERAL BLDG.

12. Name DONT KNOW

13. Birthplace DONT KNOW 9
(City, town, or county) (State or foreign country)

14. Maiden name DONT KNOW

15. Birthplace DONT KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Byrd

(b) Address 4179 West Belle

17. (a) BURIAL (b) Date thereof 4-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CEM

18. (a) Signature of funeral director Elinor E. Pettis

(b) Address 3630 BELL AVE

19. (a) APR 11 1941 (b) J. B. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1941 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from April 2, 1941, to April 9, 1941,
that I last saw him alive on April 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____

Due to _____

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

Major findings:
Of operations MI

Of autopsy MI

Duration Several years

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)

Means of injury _____

23. Signature Elinor E. Pettis (M. D. or other) _____

Address 2601 N. Whittier St. Date signed _____

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

MOTHER FATHER

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.....

William C McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed

William C McDowell

Licensed Embalmer No.....

2174

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.