

FILED MAY 13 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's 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 2 months-16da
(Specify whether years, months or days)
 In this community 33 years

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. 2109 Singleton
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME

James Higgins

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 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased About 72 years
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>About 72</u>		hr.min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Ervin Hegins

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

14. Maiden name Jennie W Wilbur

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

16. (a) Informant Florence A Spotts
 (b) Address Homer G. Phillips Hospital

17. (a) _____ (b) Date thereof 4-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. Ruff
 (b) Address 3500 Parkway

19. (a) APR 29 1941 (b) J. W. Bredt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
 year 1941 hour 2:40 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Feb. 13, 1941 to April 27, 1941;
 that I last saw him alive on April 27, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis with Bilateral Optic Atrophy
 Duration 20 years

Due to General paresis of the insane

Other conditions None
(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 0

23. Signature H. J. Evers (M. D. or other) _____
 Address 2601 Wilbur Date signed _____

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

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17
9

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.....
....., 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.