

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16408

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 3926

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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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether _____)
In this community, 13 years
years, months or days)

3. (a) PRINT FULL NAME H. S. Carruthers

8. (b) If veteran, name war None 3. (c) Social Security No. None

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. March 18th 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	28	1	2	_____ hr. _____ min.

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

10. Usual occupation Moving van Sabador

11. Industry or business Moving Furniture P.A.

12. Name James Carruthers

13. Birthplace Oklona / Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Throver

15. Birthplace Oklona / Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Carruthers

(b) Address East St. Louis Ill

17. (a) _____ (b) Date thereof 5/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Ill

18. (a) Signature of funeral director F. St. Louis Ill

(b) Address _____

19. (a) MAY 9 1941 (b) J. H. Brudick
(Date signed and location) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 1722
(If outside city or town limits, write "RURAL")
(d) Street No. 2108 Eugenia 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1941 hour 8:30 minute _____ AM.

21. I hereby certify that I attended the deceased from March 14, 1941 to May 1, 1941
that I last saw him alive on May 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Luetic Heart Disease 12-18mos

Due to _____

Due to _____

Other conditions _____
(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) (c) Means of injury _____

23. Signature Ed W. D. D. D. (M. D. or other) _____
Address 2601 N Whittier Date signed 5/2/41

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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

H. E. Jones
working under my personal supervision.

Registered Apprentice No. *3518*

Signed *H. E. Jones*

Licensed Embalmer No. *3518*

P. O. Address *E. St. Louis, Mo.*

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.