

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 3 days
(Specify whether 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. 2914 1/2 Thomas
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME James Miller
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 30 1941
 year 1941 hour 9 minute 30 a.m.

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Rachel Hayes
 6. (c) Age of husband or wife if alive 13 years
 7. Birth date of deceased: 5 (Month) 13 (Day) 1895 (Year)

21. I hereby certify that I attended the deceased from May 27 1941 to May 30 1941;
 that I last saw him in alive on May 30 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Nephritis & Uremia ^{Duration} 5-6 wks.

8. AGE: Years 46 Months 10 Days 13
 If less than one day hr. _____ min. _____
 9. Birthplace 1 MISS
(City, town, or county) (State or foreign country)

Chronic nephritis
 Due to _____
 Due to _____
 Other conditions 13 1/2
(Include pregnancy within 3 months of death)

10. Usual occupation labor
 11. Industry or business _____
 MOTHER { 12. Name DAN Miller
 13. Birthplace 1 MISS
(City, town, or county) (State or foreign country)
 14. Maiden name Rachel Miller
 15. Birthplace 1 MISS
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Rachel Miller
 (b) Address 3654 Finney Ave
 17. (a) Burial (b) Date thereof 6 2 41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park
 18. (a) Signature of funeral director E. Boyd
 (b) Address 3708 Franklin
 19. (a) JUN 27 1941 (b) J. J. Fredrick
(Date and time of registration) (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)
 Means of injury _____
 23. Signature E. Boyd (M. D. or other) _____
 Address 2601 Whittier Street Date signed 5-31-41

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 *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

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.