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13-40
17-39
X23159

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community 11 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COU
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 911 S 10th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1941 hour 8:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 30, 1941, to June 9, 1941; that I last saw him alive on June 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death
Ulcerated Endocarditis chronic
Anasarca

Duration

4-5 mos

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy As above

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? _____

(Specify type of place) _____
While at work? _____ (Specify type of place)
(Specify type of place) _____
(Specify type of place) _____
23. Signature [Signature] (M.D. or other)
Address 2601 N Whittier Date signed 6-24-41

3. (a) PRINT FULL NAME John Harding

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 S O

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

7. Birth date of deceased August 25, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 9 14 hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Willie Harding

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

14. Maiden name _____

15. Birthplace Angeline Lindsay Ala
(City, town, or county) (State or foreign country)

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

17. (a) _____ (b) Date thereof 6 25 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. H. Burks
(b) Address 1419 23rd St

19. (a) JUN 25 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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.