

No. 2
-1-4-41
-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23888

State File No. _____

FILED AUG 28 1941 791

Registration District No. _____

Registrar's No. 6230

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 Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Hrs. & 50 Min
(Specify whether _____)

In this community _____
years, months or days 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 2723 Sheridan
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Infant Sylvester

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 7-6-41
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>4 hr. 50 min.</u>

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Sullivan Sylvester

13. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha E. Woods

15. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Father Mary Sherard

(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof 7-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton

(b) Address 1111 N. 1st St. St. Louis

19. (a) JUL 30 1941 (b) L. H. Phillips
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-6-1941 to 7-6-1941
that I last saw her alive on 7-6-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy As above

Duration _____

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? _____ (b) Means of injury _____

23. Signature Lewis H. Hoadley (M. D. or other) 0

Address 1111 N. 1st St. St. Louis Date signed _____

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.