

FILED SEP 17 1941 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7004

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
 (c) City or town St. Louis 217
(If outside city or town limits, write "RURAL")
 (d) Street No. 2820 Olive St
(If with care location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____
No attending physician
no attending physician

3. (a) PRINT FULL NAME JACK WILLIAMS

3. (b) If veteran, name war no 3. (c) Social Security No. none

20. DATE OF DEATH: Month Aug day 23
 year 1941 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Negro 5. Color or race male 6. (a) Single, widowed, married, divorced, 3 divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive unk. years
 7. Birth date of deceased June 12, 1910
(Month) (Day) (Year)

Immediate cause of death Terminal Rt. Lobe Pneumonia
Cerebral apoplexy
Chronic Parenchymatous Nephritis

8. AGE: Years Months Days If less than one day
31 2 11 hr. _____ min.

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

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

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

10. Usual occupation Delivery Boy

11. Industry or business _____

12. Name James Williams
 13. Birthplace unk. Alabama
(City, town, or county) (State or foreign country)
 14. Maiden name Alberta
 15. Birthplace unk. unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Alberta Williams

(b) Address 2820 Olive St

17. (a) Burial (b) Date thereof Aug 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk

18. (a) Signature of funeral director English Und. Co

(b) Address 1234 Pine St

19. (a) AUG 29 1941 (b) J. Prelock
(Date received local registrar) (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) _____
 (e) Means of injury _____

23. Signature Oliver Perry (M. D. or other) 3
 Address 1234 Pine St Date signed 8/29/41

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

06
17
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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Burleson English*

Licensed Embalmer No..... *4208*

P. O. Address..... *2931 Lucas, am*

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.