

FILED OCT 18 1941
791

1003

Registration District No.

Primary Registration District No.

Registrar's No. 7128

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
In this community 55 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri (b) County 000
(a) State St Louis (b) County 22 19
(c) City or town 203 South Ewing
(If outside city or town limits, write "RURAL")
(d) Street No. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1941 hour 5:27 minute P M.

21. I hereby certify that I attended the deceased from June 8 1941 to August 29 1941
that I last saw him im alive on August 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... Hypertensive Heart Disease - Prob 3 yrs
Decompensation Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 J. W. Johnson (M. D. or other).....

Address 2601 N Whittier Date signed 8-30-41

3. (a) PRINT FULL NAME Jessie Eisman

3. (b) If veteran, name war..... 3. (c) Social Security No. 486-16-5715

4. Sex male 5. Color or race carb 6. (a) Single, widowed, married, divorced wid

(b) Name of husband or wife George Richardson 6. (c) Age of husband or wife if alive 26 years (Month) (Day) (Year) 6 18 78

7. Birth date of deceased.....

8. AGE: Years 63 Months 2 Days 23 If less than one day..... hr..... min.

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

10. Usual occupation laborer

11. Industry or business.....

12. Name Ben Eisman

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

14. Maiden name Susan Broadwise

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

16. (a) Informant Nelan Daggalt

(b) Address 4300 St. Ferdinand

17. (a) Burial (b) Date thereof 9 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. J. Garrison

(b) Address 2906 Lafayette

19. (a) SEP 2 1941 (b) J. J. Garrison
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Jas H Harrison

Licensed Embalmer No. 760

P. O. Address 2906 Lawton

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.