

4-41  
17-39  
X28390

STANDARD CERTIFICATE OF DEATH

Registration District No. **791**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St Louis Mo  
(b) City or town St Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital 6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Black

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Black 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan 17 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days ✓ If less than one day hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Street Car Motorman

12. Name John Black

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

14. Maiden name Sarah Jane Lindley

15. Birthplace St Joseph, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant John D. Hoyt

(b) Address Highland, Mo

17. (a) Buried (b) Date thereof 9 20 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph, Mo

18. (a) Signature of funeral director Arthur R Baer

(b) Address St Joseph, Mo

19. SEP 18 1941 (Date received local registrar) (b) J. B. Bueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
(c) City or town St Louis 11 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4636  
(If rural, give location) Evans Ave  
(e) Citizen of foreign country? No (Yes or No)  
Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17  
year 1941 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Fracture of right femur. Duration  
Arteriosclerosis suffered when  
deceased fell from porch to  
concrete walk in front of home  
4636 Evans Ave Sept 12-1941  
Due to 1:45 pm

Other conditions \_\_\_\_\_  
(Include pregnancy within 6 months of death)

Major findings: 1860  
Of operations \_\_\_\_\_  
Of autopsy 18

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) Accident

(b) Date of occurrence Sept 12-1941 09

(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Thomas J Callahan (M.D. or other)  
Address Deputy Coroner Date signed 9/18/41

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

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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.....

*Arthur R. Baer*

Licensed Embalmer No.....

*2470*

P. O. Address.....

*St. Joseph, Mo*

**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.**