

FILLED NOV 24 1941
Registration District No. **791**

Primary Registration District No. **1003**

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: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 090
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9.21
(d) Street No. 2327 Market (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes name country

3. (a) PRINT FULL NAME Carl Rafferty

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased January 1st, 1910
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>31</u>	<u>7</u>	<u>25</u> hr. min.

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

10. Usual occupation Nil.

11. Industry or business

12. Name Edward James

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

14. Maiden name Julia Bethel

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

16. (a) Informant Lophia Henderson

(b) Address 2209 Franklin

17. (a) Burial (b) Date thereof 10-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PEAR CEMETERY

18. (a) Signature of funeral director AND. BR. & F. M. NICHOLS

(b) Address 3704 FINNEY

19. (a) OCT 9 1941 (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 25, day 1941
year hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1941
19 to Sept. 25, 1941
that I last saw him alive on Sept. 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 6 mos.
Prob.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (e) Means of injury

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

Address 2601 N. Whittier Date signed 10-8-41

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.....

~~W. S. Balan~~

....., Registered Apprentice No.

working under my personal supervision.

Signed

Rorris V. Atkin

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finne*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.