

No. 2
-4-41
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33294
Registrar's No. 8249

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(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 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 21 years
years, months or days)

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. 1015a Ohio
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If/yes name country.....

3. (a) PRINT FULL NAME Sam Blue

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

4. Sex MALE 5. Color or race Col'd 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years about 60 Months Days If less than one day
hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name not known

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

14. Maiden name not known

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

16. (a) Informant Walter BLUE

(b) Address 1612a Deemer Blvd

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

(c) Place: burial or cremation Peters Cemetery

18. (a) Signature of funeral director AL BEAL

(b) Address 272b Lucas Ave.

19. (a) OCT 17 1941 g. j. medek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13, 1941
year..... hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct. 9, 1941
19..... to October 13, 1941

that I last saw him alive on October 13, 1941
and that death occurred on the date and hour stated above:

Immediate cause of death Peritonitis Duration 4 days

Due to Ruptured ulcer of stomach

Due to.....

Other conditions (Include pregnancy within 3 months of death) 117a

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature W. E. G. Tardie (M. D. or other) g
Address 2601 N. Whittier Date signed 10-14-41

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

MOTHER FATHER

DTT (Licensed Embalmer's Statement on Reverse Side)

NOV 18 1947

NOV 19 1947

NOV 19 1947

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 L. Hilliard

Licensed Embalmer No. *4221*

P. O. Address. *2649 Delmar*

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.