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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

33335

FILLED NOV 19 1941

STANDARD CERTIFICATE OF DEATH

State File No.

1003

Registrar's No.

8290

Registration District No. 791 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 23 days
In this community. 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

1003 Mo.
(a) State..... (b) County.....
(c) City or town St. Louis
(d) Street No. 1930a Belleglade
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16, 1941
year..... hour..... minute 8..... M. 25 P. 11

21. I hereby certify that I attended the deceased from Sept. 23, 1941
to October 16, 1941
that I last saw him im alive on October 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
(No other heart disease)
Duration Unknown

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?.....
(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) 0
Address 2601 N. Whittier Date signed 10-17-41

3. (a) PRINT FULL NAME Tucker Marshall

3. (b) If veteran, name war..... 3. (c) Social Security No. 427-10-941

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

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

7. Birth date of deceased June 15th 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 4 1 hr. min.

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

10. Usual occupation Labor

11. Industry or business.....

12. Name Tucker Marshall

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

14. Maiden name unk

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

16. (a) Informant Mrs. Inez B. Wingo

(b) Address 1930a Belleglade Ave.

17. (a) Removal (b) Date thereof 10/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aberdeen Miss

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Avenue

19. (a) 10-18-41 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

18 1941

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 *A. J. Watson*
Licensed Embalmer No. *2698*
P. O. Address *2769 Charlotte*

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.