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FILED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **49 years**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3933 So. Broadway**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME **Samuel Phillip Read**

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 **Single**

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 82 hr. min.

9. Birthplace **Memphis Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Druggist**

11. Industry or business.....

12. Name **Samuel P. Read**

13. Birthplace **Baragetown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Hay**

15. Birthplace **Baragetown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Pearl R. Burford**

(b) Address **Jefferson Hotel**

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

(c) Place: burial or cremation **Memphis, Tenn.**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 So. Grand Blvd.**

19. (a) **OCT 19 1941** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **17,**
year **1941** hour **3** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Oct 18**
1941 to **Oct 17** 1941;

that I last saw him alive on **Oct 15** 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of parotid gland** Duration **4 months**

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 **Samuel B Grant** (M. D. or other) **M.D.**

Address **114 N. Taylor** Date signed **10/17/41**

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

114 N Taylor

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.....

John Keller

Licensed Embalmer No. 3880

P. O. Address.....

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.