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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33353

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8308

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Homer Phillips (Specify whether
In this community about four years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 a Bernard St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis, Irving.
3. (b) If veteran, name war
3. (c) Social Security No. 486-22-4084
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 22 (Day) 1888 (Year)

8. AGE: Years 53 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace (City, town, or county) Miss (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER 12. Name Lindey Irving.
13. Birthplace (City, town, or county) Miss! (State or foreign country)
MOTHER 14. Maiden name Pascss
15. Birthplace (City, town, or county) Miss! (State or foreign country)
16. (a) Informant Rosie Anderson
(b) Address 2616 a Bernard St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodmynton Park Cem
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin Ave.
19. (a) OCT 20 1941 (Date received at office) (b) F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1941 hour 12 minute 10 a. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulated Hernia	
Due to Bronchio Pneumonia	
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 Thomas F. Callaway (M. D. or other)
Address Deputy Coroner Date signed 10/17/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin a

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

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