

S. No. 2
1-1.4-41
5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36521

DEC 22 1941 791

State File No. 8750
Registrar's No.

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital #1 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis (If outside city or town limits, write "RURAL") 14
(d) Street No. 3872 Windsor (If rural, give location) n 11
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1941 hour 11 minutes 50 P.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.

Immediate cause of death Coronary Occlusion, Coronary Sclerosis.
Duration

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.

3. (a) PRINT FULL NAME William Mc Nairy
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Male² 5. Color or race Col.
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Mc Nairy
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased February 12 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 8 17 hr. min.

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

10. Usual occupation Labor

11. Industry or business
12. Name Boldon Mc Nairy
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Indiana Hopkins
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Mc Nairy
(b) Address 3872 Windsor

17. (a) Burial (b) Date thereof 11-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin Avenue

19. (a) NOV 2 1941 (b) J. T. Prebeck
(Date received local health department) (Registrar's signature)

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) Means of injury
23. Signature Alfred Perry (M. D. or other)
Address _____ Date signed 10/27/41

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

0
200
14
9

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.....

J. A. Green

Licensed Embalmer No. *2963*

P. O. Address. *2915 Franklin*

wa

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.