

REG JAN 24 1942 791

State File No. 9645
Registrar's No.

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Thiru E. Singleton

3. (b) If veteran, name war No 3. (c) Social Security No. 498-10-6075

4. Sex Male 5. Color of race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah E. Singleton 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased November 10 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>		<u>25</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Meyer-Pohlman Furniture Co.

12. Name Jack Singleton

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

14. Maiden name Martha E. Taylor
15. Birthplace Birmingham Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah E. Singleton

(b) Address 927 Park Avenue

17. (a) Removal (b) Date thereof 12-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Ark

18. (a) Signature of funeral director Shan. F. Shuart

(b) Address 1225 Union Blvd.

19. (a) DEC 5 1941 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis 23rd
(If outside city or town limits, write "RURAL")
(d) Street No. 927 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1941 hour 11 30 minute P. M.

21. I hereby certify that I attended the deceased from 1939
to Dec 4, 1941

that I last saw him alive on in August, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration

Due to Coronary atherosclerosis ✓

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Julius Jensen (Jensen) (M. D.)

Address 3726 Walnut St. St. Louis Date signed 12/5/41

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

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

Bernard M. Stuart

Licensed Embalmer No. *3500*

P.O. Address. *1225 Union, Bldg.*

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.