

FILED JAN 30 1941
Registration District No. _____

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: Point to Hospital 13 tower Philip
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days about 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21 19
(If outside city or town limits, write "RURAL")
(d) Street No. 2955 Payton 1 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) S
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1941 hour 4:40 minute 0 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Potentially Nephritic
Obstruction of Bowels

Due to: Chronic Suppurative

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 10/1
Of operations _____
Of autopsy _____

Duration _____
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? 3

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature: Alfred W. [unclear] (M. D. or other) _____
Address: [unclear] Date signed 12/29/41

3. (a) PRINT FULL NAME M^{rs} KINLEY NORMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Norman 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased: Sept 29 1901
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 27
If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business labor

12. Name Mat Grant

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

14. Maiden name _____

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

16. (a) Informant Mat Grant

(b) Address 2506 Dickerson St

17. (a) Burial (b) Date thereof 1-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director P. D. Richardson

(b) Address 2625 [unclear]

19. (a) DEC 31 1941 (b) J. F. Bredek
(Date of death) (Registrar's signature)

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 W. Richardson
Licensed Embalmer No. 2988
P. O. Address 2625 Glasgow

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.