

No. 2
1-4-41
5-17-39
X28390
000

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

Registration District No. **MISSOURI FEB 24 1942**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Mo.**
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution..... **13 days**
In this community..... **21 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis,**
(d) Street No..... **2217 Franklin**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Sam Irving**
3. (b) If veteran, name war..... **V**
3. (c) Social Security No..... **L**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **21**, 19**42**
year..... hour..... **12** minute..... **45 P.** M.

4. Sex **MALE** 5. Color or race **COL** 6. (a) Single, widowed, married, divorced **MARRIED**
7. Birth date of deceased: **January 24, 1899**

21. I hereby certify that I attended the deceased from **January 8,** 19**42**, to **January 21,** 19**42**;
that I last saw him alive on **January 21,** 19**42**;
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Bronchopneumonia** Duration **4 days**

8. AGE: Years **41** Months **8** Days **27** If less than one day hr. min.

Due to.....
Due to..... **107**

9. Birthplace..... **Howard Miss**

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation..... **W.P.A.**

Major findings:
Of operations.....
Of autopsy..... **1070**

11. Industry or business..... **laborer**
12. Name..... **Charles Irving**
13. Birthplace..... **Miss**
14. Maiden name..... **Martha Young**
15. Birthplace..... **Miss**

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.....

16. (a) Informant..... **Charles Irving**
(b) Address..... **4421 Cottage Ave**
17. (a) (b) Date thereof..... **1 28 42**
(c) Place: burial or cremation..... **Washington**

23. Signature..... **J. W. Johnson** (M. D. or other)
Address..... **2201 Whittier** Date signed..... **2/22/42**

18. (a) Signature of funeral director..... **W. F. Budde Walter**
(b) Address..... **2707 St. Louis St**
19. (a) **JAN 20 1942** (b) **J. F. Medeck**
(Date received local registrar) (Registrar's signature)

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.....

Arthur L. Hilliard

Licensed Embalmer No. *4221*

P. O. Address *2649th Delmar Blue*

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.