

FILED FEB 27 1942

1003

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. 3 mos. 10 da.
(Specify whether years, months or days)
In this community 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1518 Wash St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes name country _____

3. (a) PRINT FULL NAME WASHINGTON MANSFIELD
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 1
year 1942 hour 5:20 minute _____ P.M.
21. I hereby certify that I attended the deceased from 7-1-40, 19____, to 1-1-42, 19____;
that I last saw him alive on 1-1-42, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Mansfield 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 4 1867
(Month) (Day) (Year)

Arteriosclerotic Heart Disease
Due to _____ 9-22-37x
Due to Senility 9-22-37x
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 74 Months 5 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business River Barge

12. Name Humphrey Mansfield

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

14. Maiden name Unknown

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

16. (a) Informant Jennie Mansfield

(b) Address 1518 Cole St Rear

17. (a) Burial (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director C. W. Robertinda

(b) Address 3035 Lucas Ave

19. (a) JAN 3 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy No
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? _____ Means of injury _____

23. Signature W. H. Hulse (M.D. or other) _____
Address 1-2-72-5400

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

600
17
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. *Myself*

Signed *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Delmar Blvd*

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.