S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4098

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 1356

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mos. 5 days (Specify whether
In this community 19 months.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 000

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2811 Dayton
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Willis Black

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sophronia Black

6. (c) Age of husband or wife if alive 44 yrs years

7. Birth date of deceased February (Month) 28 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	11	11	hr. min.

9. Birthplace Unknow (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Labor

11. Industry or business -

FATHER
12. Name Unknow 9
13. Birthplace Unknow (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknow 9
15. Birthplace Unknow (City, town, or county) (State or foreign country)

16. (a) Informant Sophronia Black

(b) Address 2811 Dayton St.

17. (a) ~~Ship~~ Removal (Burial, cremation, or removal) (b) Date thereof Feb. 14, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) FEB 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8, 1942
year hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept. 3, 1942 to February 8, 1942;
that I last saw him alive on February 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease Abt.	5 years
Hypertrophy of Prostate	2 years
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.

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? (e) Means of injury 0

23. Signature K. Fletcher (M. D. ~~or other~~)

Address 2601 Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 William Claude Gordon

Licensed Embalmer No. 2489

P. O. Address 2649 Delmar

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.