

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4967**
Registrar's No. **1718**

FILED MAR 17 1942
Registration District No. **791**

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 **3 days**
In this community **38 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **21**
(c) City or town **St. Louis**
(d) Street No. **2207a Market St.**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Thomas Skinner**
(b) If veteran, name war **No**
(c) Social Security No. **493-09-2812**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **19**, year **1942** hour **8** minute **15 A.** M.
21. I hereby certify that I attended the deceased from **February 16, 1942** to **February 19, 1942**; that I last saw him alive on **February 19, 1942**; and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **C**
6. (a) Single, widowed, married, divorced **MARRIED**
(b) Name of husband or wife **EMMA**
7. Birth date of deceased: **9** (Month) **22** (Day) **1891** (Year)

Immediate cause of death: **Hypertensive Heart Disease**
Duration: **Indef.**

8. AGE: Years **50** Months **4** Days **27**
If less than one day hr. _____ min. _____

9. Birthplace **SHERMAN Ky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Porter**

11. Industry or business _____

12. Name **UNKNOWN**

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 **Emma K. Higin**

(b) Address **2249 9th**

17. (a) **REMOVAL** (b) Date thereof **2-23-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elton, Kentucky**

18. (a) Signature of funeral director **Benned Lovel**

(b) Address **3103 Washington**

19. (a) **FEB 25 1942** (b) **J. F. Birdbeck**
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions: _____
Major findings: _____
Of operations _____
Of autopsy _____

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? _____
(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 **J. J. Egan** (M. D. or other) _____
Address **2601 N. Webster** Date signed **2/21/42**

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

[Handwritten mark]

8721
8721

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 *McClain Blackburn*

Licensed Embalmer No. *3962*

P. O. Address.....

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.