

FILED APR 17 1942
Registration District No. **731**

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:
Homer G Philips Hospital
(If not in hospital or institution, write street number or location) **U**
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **15 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **18 000**
St Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. **545 so Ewing**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Will Lumpkin**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **498-10-7297**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **28**
year **1942** hour **2:45** minute **0** P. M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Irene Lumpkin**
6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **aug 27 1891**
(Month) (Day) (Year)

Immediate cause of death
Lobar Pneumonia;

8. AGE: Years Months Days If less than one day
50 7 1 hr. min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace **Richmond VA**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Luther Lumpkin**

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

14. Maiden name **Lucy**
15. Birthplace **Irene VA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Irene Lumpkin**

(b) Address **545. a so Ewing ave**

17. (a) **Burial** (b) Date thereof **Oct 3 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. W. Hughes**

(b) Address **2620 Lawton blvd**

19. (a) **ADD 2 1942** (b) **J. F. Gredecky**
(Date received local registrar) (Registrar's signature)

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? _____ (Type of injury) _____
23. Signature **Alfred Henry** (M. D. or other) **5**
Address **Central Coroner** Date signed **3/24/42**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

APR 20 1942

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 *Lylea Hughes*
Licensed Embalmer No. *2938*
P. O. Address *St Louis mo*

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.