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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9025

Registrar's No. 2262

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

1. PLACE OF DEATH:

(a) County ST LOUIS MO.

(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. ~~2 Hours~~ Phillips Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether

In this community 6 MONTHS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST LOUIS MO (If outside city or town limits, write "RURAL")

(d) Street No. 4357 COOK AVE (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BOOKER A. NAVIES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race COL

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife VERA MAE NAVIES

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased FEB (Month) 26 (Day) 1915 (Year)

8. AGE: Years 27 Months 1 Days 11 If less than one day hr. min.

9. Birthplace HOMES TOWN (City, town, or county) MISS (State or foreign country)

10. Usual occupation

11. Industry or business LABORER

FATHER
12. Name ELI NAVIES
13. Birthplace CLARKSDALE (City, town, or county) MISS. (State or foreign country)

MOTHER
14. Maiden name ROWENA WATERS
15. Birthplace HOMES TOWN (City, town, or county) MISS (State or foreign country)

16. (a) Informant VERA MAE NAVIES

(b) Address 4357A COOK AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CEM

18. (a) Signature of funeral director ELLIS FUN. HOME

(b) Address 2820 Stoddard St

19. (a) MAR 12 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8 year 1942 hour minute 5:50 A.M.

21. I hereby certify that I attended the deceased from March — 2nd — 1942 to March - 8th - 1942 that I last saw him alive on March - 8th - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration Six weeks

Due to Tubercle Bacilli

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

23. Signature [illegible] (M. D. or other)

Address 1096 N. Vandeventer Date signed 3-10th 42

(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~~ L Boy

....., Registered Apprentice No. M

working under my personal supervision.

5

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.