

FILED MAY 19 1942  
Registration District No. 791

Primary Registration District No. 1003

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

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: Humphreys Phillips  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME NINA FRIEND

3. (b) If veteran, name war L

3. (c) Social Security No. \_\_\_\_\_

4. (a) Sex Female 5. Color or race Col

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

6. (b) Name of husband or wife Hughie Friend 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 2 2 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>3</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Anesthetist

12. Name Ed Carnley

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

14. Maiden name Frank

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

16. (a) Informant Hughie Friend

(b) Address 2150 1/2 Hillmar St.

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof 5-11-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Eglewood Tenn.

18. (a) Signature of funeral director W. J. Walter

(b) Address 2307 St. Louis St.

19. (a) MAY 7 1942 (b) J. F. Medek  
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 21 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 2150 1/2 Hillmar St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 1942  
year 1942 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration

Lobar Pneumonia

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 5/9/42

**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 *Arthur L. Keelhard*

Licensed Embalmer No. *4231*

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.**