

FILED JUN 15 1947 91

1003

4927

Registration District No.

Primary Registration District No.

Registrar's No.

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

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 mos. 19 days
(Specify whether
In this community: 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: _____
(c) City or town: St. Louis, 21
(If outside city or town limits, write "RURAL")
(d) Street No.: 2216a Delmar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Walter Douglass

3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Male 5. Color or race: Negro 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: May 30 1863
(Month) (Day) (Year)

8. AGE: Years: 79 Months: - Days: -
If less than one day: _____ hr. _____ min.

9. Birthplace: Meridian, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: _____

12. Name: unk.

13. Birthplace: unk. 9
(City, town, or county) (State or foreign country)

14. Maiden name: unk.

15. Birthplace: unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Ethel Washington

(b) Address: 2033 Coale St.

17. (a) Burial (b) Date thereof: 6 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: Barnett Jones

(b) Address: 2631 S. Gibley
JUN 5 1947 (c) Signature: J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 30
year: 1942 hour: 4 minutes: 40 A. M.

21. I hereby certify that I attended the deceased from Nov. 11, 1941 to May 30, 1942

that I last saw him alive on May 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease with Cerebral Hemorrhage
Duration: Unknown

Due to: _____

Due to: _____

Other conditions: 93d
(Include pregnancy within 3 months of death) 95

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) (e) Means of injury: A

23. Signature: J. C. Smith (M. D. or other) 0
Address: 2601 S. Hollister Date signed: 6-1-42

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, Chas. L. Howell, Registered Apprentice No. 2452 working under my personal supervision.

Signed Chas. L. Howell
Licensed Embalmer No. 2452
P. O. Address 3028 Dickson

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.