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21492

FILED JUN 10 1942

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4613

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. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hrs. 45Min
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Howard

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5 7 42
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
NB 4 hr. 45 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Perry Howard

13. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Mary Cole

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

16. (a) Informant Father M. Sherrard

(b) Address 2601 N. Whittier Street

17. (a) Buried (b) Date thereof MAY 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY.

18. (a) Signature of funeral director Joe Hamilton

(b) Address City Necessity Dept

19. (a) MAY 27 1942 (b) J. F. Predeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 21 17 9
(If outside city or town limits write "RURAL")
(d) Street No. 3517 Easton Ave.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6
year 42 hour 11 minute 20 a. m.

21. I hereby certify that I attended the deceased from 6:40 A.M.
5 - 6, 1942 to 11:25 A.M. 42
that I last saw him alive on 5 - 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Neonatorum

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____
(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 _____

23. Signature J. S. Moore (M. D. or other)

Address 2601 N. Whittier Street State signed 5-29-42

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

MOTHER FATHER

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

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.....

Licensed Embalmer No.....

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, above space should be left blank.

2B
21-41
29288

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16267

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 4613

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 H. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 4 hrs - 45 min
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3517 Eastern Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Howard

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

4. Sex..... M 5. Color of race..... N 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased..... May 6, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 5 55 min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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.....

(b) Address.....

17. (a) Burial (b) Date thereof May 25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... City Cemetery

18. (a) Signature of funeral director..... Dr. Hamilton
(b) Address..... City News Dept

19. (a) AUG 25 1942 (b) J. T. Breck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May Day..... 25 Year..... 1942
hour..... minute..... 6:40 a.m.

21. I hereby certify that I attended the deceased from 5:00 a.m. to 6:40 a.m.
that I first saw him/her alive on 5-6-42 at 9:15 a.m., 1942
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

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) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTAL

1942
S-16267