

No. 2
-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25916

State File No. _____

Registrar's No. **7140**

FILED SEP 1 1942 18

Registration District No. _____

Primary Registration District No. _____

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 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **15 days**
(Specify whether years, months or days)
 In this community **38 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
9 18
 (d) Street No. **4219 Papin St.**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **James Henry**

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

4. Sex **Male 2** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **About 61** Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace _____ **Africa 8**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Henry**

13. Birthplace **Africa 8**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Unknown**

15. Birthplace **Africa 8**
(City, town, or county) (State or foreign country)

16. (a) Informant **Shirley M. Smith**

(b) Address **2601 N. Whittier**

17. (a) **Burial** (b) Date thereof **AUG 27 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **City Health Dept**

(b) Address _____

19. (a) **AUG 26 1942** (b) **J. J. [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28,**
 year **1942** hour **11** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **July 13,** 19**42,** to **July 28,** 19**42**
 that I last saw him alive on **July 28,** 19**42;**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **Unknown**

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? _____

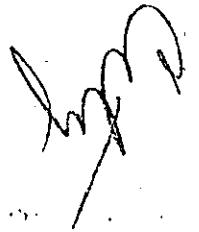
While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Sidney Smith M. D.**

Address **2601 N. Whittier** Date signed **8/24/42**

844 (Licensed Embalmer's Statement on Reverse Side)

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



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, fact should be so stated above.