

FILED NOV 6 1942 318

Registrar's No. 8837

Registration District No. Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: 2602 Pine Street
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County.....

(c) City or town St. Louis, Missouri 2 1/2
(If outside city or town limits, write "RURAL")

(d) Street No. 2602 Pine Street
(If rural, give location)

(e) Citizen of foreign country?..... No. (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME WILLIAM BERNARD

3. (b) If veteran, name war..... 3. (c) Social Security No. None

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 June 25, 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25
year 1942 hour 12 minute A.M.

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

that I last saw h..... alive on....., 19.....;

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

Immediate cause of death.....

8. AGE: Years Months Days If less than one day

63 3 14 hr. min.

Duration

Cardiac Hypertrophy

Chronic Myocarditis

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.

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

10. Usual occupation Labor

11. Industry or business None

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Cassie Rhodes
(b) Address 3887 Bell Av.

17. (a) Burial (b) Date thereof 10-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Boyd Bros.
(b) Address 3704 Finney

19. (a) 10/24/42 (b) Boyd Bros.
(Date received local registrar) (Signature)

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 W. H. ... (M.D. or other).....
Address ... Date signed 10/23/42

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.....

No Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. Boyd*.....

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.