

REGISTRATION DISTRICT NO. **318**

PRIMARY REGISTRATION DISTRICT NO. **1004**

REGISTRAR'S NO. **811**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(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 1 day; 12 hrs.
(Specify whether
In this community 1 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 317 So. Garrison
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gus Tapp

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

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

6. (b) Name of husband or wife Lelia Mae Tapp 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 5, 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Peddler

11. Industry or business

12. Name Green Tapp 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Watson 15. Birthplace Kentucky
(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 JAN 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Merschman
(b) Address City Health Dept

19. (a) JAN 27 1943 (b) J. F. Bledsoe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31,
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 30, 1942 to December 31, 1942;
that I last saw him alive on December 31, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Nephrosclerosis Duration Unk.
Pleural Effusion (Bilateral) Unk.

Due to
Due to 12/31 a

Other conditions 12/31 a
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy As above

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 J. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 1/6/43

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

FILED

S. No. 2
M-5-42
5-17-39

4 P

118

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.