

V. S. No. 2
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAR 2 1943
 318
 Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
 (a) County
 (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 22 days
(Specify whether years, months or days)
 In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 3411 Delmar
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Alfred Carey

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

4. Sex male 5. Color or race colored 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: Nov 27 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77 1/2</u>	<u>2</u>	<u>23</u> hr. min.

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

10. Usual occupation Bapt Preacher

11. Industry or business

12. Name Joseph Robertson

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

14. Maiden name Cherry Robertson

15. Birthplace St Louis mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Miles
 (b) Address 39 Highland Pl

17. (a) Removed (b) Date thereof Feb 22 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St George's cemetery
 18. (a) Signature of funeral director P. G. Oreggler
 (b) Address 1518 Biggath and St Louis Pl
 19. (a) FFR 10 10 43 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 14, year 1943 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 23, 1943 to February 14, 1943: that I last saw h. in alive on February 14, 1943: and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease
Prob. Coronary Thrombosis

Duration
Unk
Terminal

Due to
 Due to

Other conditions (Include pregnancy within 3 months of death) 92

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 S. E. Smith (M. D. or other) 0
 Address 2601 W. ... Date signed 2/16/43

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed *A. H. E. Egan*

Licensed Embalmer No. *3518*

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.