

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 16 1943

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **1124**

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 PHILLIPS' HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **1 Day**  
In this community..... **20 Years** (Specify whether years, months or days)

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. **4244 West Evans ave**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
*No Attending Physician*

3. (a) PRINT FULL NAME **WILLIAM HOLMAN**

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

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

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

7. Birth date of deceased..... **March 25th 1876**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66 10 5** hr. min.

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

10. Usual occupation **Labor**

11. Industry or business **Coal Yard**

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..... **Vivlean Martin**

(b) Address..... **4244 West Evans ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **2/4/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Greenwood Cemetery**

18. (a) Signature of funeral director..... **C.W. Roberts**

(b) Address..... **3035 Lucas ave**

19. (a) **FEB 4 1943** (Date received local registrar) **J. F. Bredesk** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **30** day.....  
year..... **1943** hour..... **6** minute..... **20** AM.

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

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

*Bilateral Lobar Pneumonia*

Due to.....

Due to..... **108**

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)

Means of injury.....

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

Address..... Date signed **2/3/43**

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 *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

**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.**