

ED MAR 15 1943

318

Registration District No.

Primary Registration District No.

1002

Registrar's 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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 16 days
In this community..... 27 years (Specify whether
years, months or days)

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")
(d) Street No. 2814 Howard Pl.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME William Henry Standard

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 Single

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

7. Birth date of deceased..... May 11 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 21 ..hr.min.

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

10. Usual occupation..... Nil

11. Industry or business..... Lewis Standard

12. Name..... Ky.

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

14. Maiden name..... Ky.

15. Birthplace..... Shirley M. Smith
(City, town, or county) (State or foreign country)

16. (a) Informant..... 2601 N. Whittier St.

(b) Address.....

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

(c) Place: burial or cremation..... Weymouth, Va.

18. (a) Signature of funeral director..... J. F. Bredek
(b) Address.....

19. (a) MAR 1 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1,
year 1943 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from January 16, 1943 to February 1, 1943,
that I last saw him alive on February 1, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death..... Hypertensive Heart Disease

Due to.....

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) (e) Means of injury.....

23. Signature..... J. E. Smith (M. D. or other)

Address..... 2601 Whittier Date signed..... 2/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.