

FILED MAR 2 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1628

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 mo. 4 days
(Specify whether
In this community Life (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2035 Eugenia (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Huey St. Clair

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

4. Sex Male 2. Color or race Negro 6. (a) Single, widowed, married, divorced, or single Single

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

7. Birth date of deceased Dec. 18 1929
(Month) (Day) (Year)

8. AGE: Years 13 Months 1 Days 20 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at School

11. Industry or business Grammar

12. Name Huey St. Clair Sr

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

14. Maiden name Lucille Agers

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

16. (a) Informant Huey St. Clair Sr

(b) Address 2035 Eugenia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. N. Harrison

(b) Address 2906 Lawton

19. (a) FEB 18 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16, year 1943 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from January 12, 1943 to February 16, 1943 that I last saw him alive on February 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Caecum Duration Unk.

Due to Rupture malignant 56 tumor

Other conditions Prob. Metastasis to peritoneum Indef.

Major findings: Of operations neum

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 H. R. Williams (M. D. or other) Date signed 2/17/43
Address 2601 Shuttlesworth

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

MOTHER FATHER

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.....

Arthur R. Hilliard

Licensed Embalmer No. *4221*

P. O. Address. *4219th E. Garfield*

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.