

No. 2
-5-42
-17-38

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4827

State File No.

FILED FEB 16 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1210

1. PLACE OF DEATH:

(a) County St. Louis,
(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 G. Phillips Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 2 days
In this community 63 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Allen Sturgeon

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

4. Sex MALE 5. Color or race C 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 2 12 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 21 hr. min.

9. Birthplace LOVE JOY ILL. (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name 11

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

16. (a) Informant Thomas Sturgeon

(b) Address 1524 N. 16th St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-8-1943 (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD

18. (a) Signature of funeral director Bennie Lore

(b) Address 3103 Washington Blvd

19. (a) FEB 6 1943 (Date received local registrar) (b) J. P. Buleck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9/8
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3708 Hickory (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3, year 1943 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from February 1, 1943 to February 3, 1943; that I last saw him alive on February 3, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction Duration 12 days
Cause not determined
Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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 W. R. Williams (M. D. or other) Address 2601 Whittier Date signed 2/4/43

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..... *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *4575 Alhine*

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.