

FILED MAR 2 1943

318

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

1569

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 Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 days  
In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry Upshaw

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 Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 76 hr. min.

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

10. Usual occupation. ....

11. Industry or business. ....

MOTHER FATHER { 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 Shirley M. Smith

(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof Feb 16, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director English Ind. Co

(b) Address 2931 Kedas, ave

19. (a) FEB 17 1943 (b) J. F. Breech  
(Date received local registrar) (Registrar's signature)

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. 2121 (Rear) Walnut  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9,  
year 1943 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from January 15, 1943 to February 9, 1943,  
that I last saw him in alive on February 9, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia (Autopsy)  
Bronchiectasis (Autopsy)  
Nephrosclerosis (autopsy)  
Due to Uremia

Duration  
Unknown  
Unknown  
Unknown

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)  
(r) Means of injury.....

23. Signature J. E. Smith (M. D. or other) 0  
Address 2601 Whittier Date signed 2/11/43

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Burlean English*

Licensed Embalmer No. *4208*

P. O. Address *2931 Juan, ave*

**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.**