S. No. 2
M—5-42
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I X32879

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8691

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 227

1. PLACE OF DEATH:
(a) County
(b) City or town Saint 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 or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1917 Goode Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME JOSEPH PROCTER
3. (b) If veteran, name war No
(c) Social Security No. 494-09-7275
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katie Procter
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased April 10th. 1894 (Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Electric welder
11. Industry or business St. Louis Steel Casting Co.
MOTHER FATHER
12. Name Ernest Procter
13. Birthplace Unavailable (City, town, or county) Mississippi (State or foreign country)
MOTHER
14. Maiden name Ida McDonnell
15. Birthplace Brandon (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Katie Procter
(b) Address 1917 Goode Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue
19. (a) MAR 9 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1943 hour 3:00 minute A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chronic Hypertrophic Myocarditis; Chronic Interstitial Nephritis.
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 Alfred Perry (M. D. or other)
Address 1300 Clark Avenue Date signed 3/8/43

(Licensed Embalmer's Statement on Reverse Side)

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

William C. McDowell, Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 North Taylor 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.

No 2374