S. No. 2
M—5-42
v. 5-17-3
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8828

State File No. 2682

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

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

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 35r years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 219
(If outside city or town limits, write "RURAL")

(d) Street No. 2030 Biddle
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lewis St. Gem

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race 2 C.

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased 7 (Month) 19 (Day) 1879 (Year)

8. AGE: Years 63 Months 7 Days 29 If less than one day hr. min.

9. Birthplace St. Genevie, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Theodore
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Corie Jacobs
(b) Address 2626 Stoddard St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 (Month) 20 (Day) 43 (Year)
(c) Place: burial or ~~cremation~~ St. ~~Genevie~~ Missouri

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington Avenue

19. (a) MAR 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18, year 1943 hour 3 minute 35 A. M.

21. I hereby certify that I attended the deceased from March 11, 1943, to March 18, 1943; that I last saw him alive on March 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Ichthyosis Hystrix	Unk.
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature S. E. Smith (M. D. ~~or other~~)
Address 2601 Whittier Date signed 3/19/43

(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 .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.