

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

MOTHER FATHER

FILED APR 23 1943

318

Registration District No. _____ Primary Registration District No. **1003**

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 Days**
(Specify whether _____)
In this community **5, Years**
years, months or days)

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. **931, A. Hickory**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harold Henry Call**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Singel**

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

7. Birth date of deceased **12 16 1923**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 3 26 hr. min.

9. Birthplace **Flat River Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **STUDENT**

11. Industry or business _____

12. Name **Marvin Call**

13. Birthplace **Madison County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Clara Jones**

15. Birthplace **Pilot Knob Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marvin Call**

(b) Address **931, A. Hickory**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/15/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Motor To Flat River Missouri**

18. (a) Signature of funeral director **A. W. McLaughlin**

(b) Address **2301, Lafayette**

19. (a) **APR 12 1943** (Date received local registrar) (b) **J. T. Prodeed** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12**, year **1943** hour **8:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 22**, 19 **43** to **April 12**, 19 **43** that I last saw him alive on **April 12**, 19 **43** and that death occurred on the date and hour stated above.

Immediate cause of death **far advanced pulmonary tuberculosis**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature **William J. Barth** (M. D. or other)

Address **1515 Lafayette Avenue** Date signed **4/12/43**

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

Paul A. Keith

Licensed Embalmer No. *3612*

P. O. Address

2317 Lafayette

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.