

ED APR 19 1943 318

Registration District No.

Primary Registration District No.

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 mos. 15 days  
In this community 10 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Tom Exum

3. (b) If veteran, name war NO  
3. (c) Social Security No. 489-14-6824

4. Sex MALE 5. Color or race W. C. G. P. O.  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Johnnie EXUM  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased 2 16 1900  
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 17  
If less than one day hr. min.

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

10. Usual occupation WR. Bldg

11. Industry or business

12. Name Branch Exum  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Alla Edwards  
15. Birthplace Clarendale Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Johnnie EXUM

(b) Address 2708 Lucas Ave

17. (a) Washington Park (b) Date thereof 4 9 43  
(Burial, cremation, or other disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director MOSE YASSER

(b) Address 9812 Cass Ave

19. (a) APR 7 1943 (b) J. J. Budak  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 921  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2708 Lucas  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3,  
year 1943 hour 6 minute 30 A. M.  
21. I hereby certify that I attended the deceased from November 19, 1943 to April 3, 1943  
that I last saw him alive on April 3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Urinary Bladder  
Duration Indef.

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) (c) Means of injury

23. Signature A. K. Fleet (M. D. or other)  
Address 2601 Shuttles Date signed 4/5/43

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 Robert L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

**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.**