

LED APR 28 1943

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 2619

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(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 13 days
(Specify whether
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME Richard Usery

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race ool 6. (a) Single, widowed, married, divorced, widower

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

7. Birth date of deceased Jan 5th 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 9 If less than one day hr. _____ min.

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

10. Usual occupation _____

11. Industry or business MINISTER

MOTHER FATHER { 12. Name FRANK USERY
13. Birthplace Chackville TENN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Smith
(b) Address 1221 SOUTH COMPTON AVE

17. (a) BURIAL (b) Date thereof 4-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2838 S Toddard ST

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 11 Jameton Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12,
year 1943 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from March
30, 1943, to April 12, 1943
that I last saw him alive on April 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Hypertension
Cerebral Hemorrhage

Duration

Unk.

2 weeks

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 Alma Moore (M. D. or other)
Address 2601 Webster Date signed 4/15/43

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 Lonnie Boyer, Registered Apprentice No. My working under my personal supervision.

Signed Lonnie Boyer
Licensed Embalmer No. 2946
P. O. Address St Louis MO

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.