

FILED MAY 3 1949
Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 3923

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 19 days
In this community 9 months rd (Specify whether years, months or days)

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") 17
(d) Street No. 2316 Washington (If rural, give location) 921
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Dorsie Word

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Sep.
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 8, 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER { 12. Name Prince Word
13. Birthplace Ga. (City, town, or county) (State or foreign country)
14. Maiden name Sallie Porter
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director St. ...
(b) Address 24 North Dept.

19. (a) APP 28 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2, year 1943 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from March 14, 1943 to April 2, 1943; that I last saw h him alive on April 2, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Ga. of the Stomach Duration Unk.

Due to
Due to W

Other conditions Gastric Resection (Partial) 8 hrs.
(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 0

23. Signature C. B. Merry (M. D. number)
Address 2601 Whittier Date signed 4/7/43

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

13078

3923

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.....

Licensed Embalmer No.....

P. O. Address.....

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.