

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 5688

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mary Inf.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) 10 days

8. (a) PRINT FULL NAME Longo Scurlock

8. (b) If veteran, name war none 8. (c) Social Security No. 35501-1641

4. Sex male 5. Color or race Colored 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Jan 28 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business U.S. Govt. Eugene Depot

12. Name Solomon Scurlock

13. Birthplace Jackson 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's own signature Carol Scurlock

(b) Address 2605 1/2 Monroe Ave. St. Louis

17. (a) Removal (b) Date thereof June 22 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill

18. (a) Signature of funeral director J. Marshall

(b) Address 2205 Madison Ave. East St. Louis

19. (a) JUN 24 1943 (b) J. F. Woodson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair
(c) City or town Brooklyn
(If outside city or town limits, write "RURAL") NR
(d) Street No. 302 Monroe St.
(If rural, give location) Ill
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1943 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from May 15
1943 to June 21, 1943;
that I last saw him alive on June 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death hypertension
arteriosclerosis

Due to hypertension

Due to hypertension

Other conditions hypertension
(Include pregnancy within 3 months of death)

Major findings: hypertension
Of operations _____

Of autopsy hypertension

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 _____

33. Signature E. F. Woodson (M. D. or other) MD

Address 2205 Madison Ave. East St. Louis Date signed 6/24/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39 I X19811

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Ben H. Baldwin

Licensed Embalmer No.

2420

P. O. Address

D. St. Louis Ill.

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, above space should be left blank.