

LED JUL 8 1943 318

1003

5888

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 H. W. Phillips 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days) Wimbley

3. (a) PRINT FULL NAME Dan Wimbly

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

4. Sex Male Black 5. Color Black 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased abt. 1894
(Month) (Day) (Year)

8. AGE: Years abt 69 Months Days If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business.....

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant James C. Ferguson

(b) Address 1306 Clark

17. (a) Burial (b) Date thereof 7-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director G. W. Bruce

(b) Address 1003 N Garrison

19. (a) JUL JUN 28 1943 (b) J. F. Bruce
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 21
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3106 Lawton 000
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 17
If yes, name country..... 0 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1943 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw him..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death..... Adhesive Pericarditis

Due to..... 90

Due to..... 90

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 Alfred Perry (M.-D. or other).....

Address Deputy Coroner Date signed 6/10/43

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

003
000
17
9

MOTHER FATHER

Reclaimed by John (Signature of Embalmer's Statement on Reverse Side)

Embalmed by Staff of Washington University

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 *L. W. Bruel*

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.