

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

FILED SEP 3 1943

Registration District No. 1215

Primary Registration District No. 1002

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: St Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4277 W St Ferdinand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jordan SINGLETON

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

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced mar
6. (b) Name of husband or wife Martha 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Feb 23 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business _____
12. Name George Singleton
13. Birthplace Miss (City, town, or county) (State or foreign country)
14. Maiden name Sheban Singleton
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Lillie May Perkins
(b) Address 4277 W St Ferdinand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-43
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. Watson
(b) Address 2769 Olive St

19. (a) AUG 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1943 hour 12 minute 10 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 Chronic Myocardites
Due to Chronic Interstitial Nephritis
Other conditions 131
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 Vis

23. Signature Alfred Perry (M. D. or other) _____
Address _____ Date signed 8/22/43

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

A. J. Watson

Licensed Embalmer No.

2695

P. O. Address

2769 Charlotte

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.