

S. No. 2
DOM-2-43
Rev. 1-17-39
X-2567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27151
7656

State File No.

SEP 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, Mo.

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 4439 Cote Brilliante
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Henry Vining

3. (b) If veteran, name war --- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 48 1/2 years

7. Birth date of deceased May 16, 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>3</u>	<u>8</u>	-- hr. -- min.

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

10. Usual occupation Laborer (retired)

11. Industry or business ----

12. Name John Henry Vining

13. Birthplace Unavailable Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Julia Ann Battles

15. Birthplace Unavailable Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Butler

(b) Address 4439 Cote Brilliante

17. (a) Burial (b) Date thereof 8/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) Aug 22 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24, year 1943 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from August 17, 1943 to August 24, 1943.

that I last saw him alive on August 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Senility

Due to 93

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. C. Smith (M. D. or other)

Address 3601 W. Hunter Date signed 8/24/43

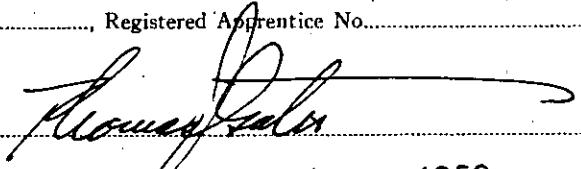
Duration
Unk.
Unk.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

.....**Thomas J. Gates**....., Registered Apprentice No.....
working under my personal supervision.

Signed..........

License Embalmer No.....**4259**.....

P. O. Address.....**4107 Finney**.....

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.