

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
20 S. Thresa Ave. /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis, Mo. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 20 S. Thresa Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Earl Urquhart

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

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

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6, 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation Porter

11. Industry or business

MOTHER FATHER
12. Name Anderson Urquhart
13. Birthplace Rison, Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Johnson
15. Birthplace Rison, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Urquhart
(b) Address 4215 E. Evans

17. (a) Burial (b) Date thereof 10 21 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director A. L. Beal Under

(b) Address 2726 Lucas Ave

19. (a) OCT 27 1943 (b) J. F. Prudick
(Date received local permit) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 43 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Hypertrophic Myocarditis with Coronary Occlusion

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 Alfred J. Perry, D.D.S. (M. D. or other) _____
Address Deputy Coroner Date signed 10/20/43

Duration

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.....

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

Signed *Arthur P. Hilliard*.....

Licensed Embalmer No. *4221*

P. O. Address. *4219^a Garfield*

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.