

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **9875**

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 6 days 0
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 7
(d) Street No. 2605 Delmar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Willie Blair

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

4. Sex Male 2 ^{1/2} Color or race Negro 6. (a) Single, widowed, married, divorced No relatives

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

7. Birth date of deceased February 20 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 18 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Nil

MOTHER { 12. Name Not known
FATHER { 13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Will Freeman

(b) Address 3812 Finney

17. (a) Wash Park Cemetery (b) Date thereof 11-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wash Park Cemetery

18. (a) Signature of funeral director Boyd Brad.

(b) Address 3704 Finney Ave.

19. (a) NOV 11 1943 (b) J. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8,
year 1943 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from November
2, 19 43 to November 8, 19 43;
that I last saw him alive on November 8, 19 43;
and that death occurred on the date and hour stated above.

Immediate cause of death Urinary Extravasation Duration Indef.

Due to _____

Due to _____

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)
Means of injury _____

23. Signature C. K. Street (M. D. or other) 0
Address 261 W. ... Date signed 11/11/43

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.....

William C. McRae....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McRae*

Licensed Embalmer No. *2114*

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.