

DEC 3 1943
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 Days
(Specify whether
In this community..... 0
years, months or days)

3. (a) PRINT FULL NAME Dallas Arthur Douglas

3. (b) If veteran, name war Nil 3. (c) Social Security No. 490-12-8737

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

6. (b) Name of husband or wife Ruby Douglas 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased February 25, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 8 25 hr. min.

9. Birthplace Hamilton County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Eli Douglas

13. Birthplace Unknown, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mann

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

16. (a) Informant Mrs. Ruby Douglas

(b) Address 1909 Montgomery Street.,

17. (a) Removal (b) Date thereof 11/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Creal Springs, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) NOV 23 1943 (b) J. F. Credack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wash
(c) City or town St. Louis 267
(If outside city or town limits, write "RURAL")
(d) Street No. 1909 Montgomery Street.,
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20,
year 1943 hour 7:25 minute P. M.

21. I hereby certify that I attended the deceased from November
18, 19 43 to November 20, 19 43

that I last saw him alive on November 20, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Nephrosclerosis Duration

Due to Hypertensive Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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) None

(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

13. Signature William J. Gant (M. D. or other) 11/22/43
Address 1515 Lafayette Avenue. Date signed

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

John Goroški

Licensed Embalmer No. *3398*

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.