

FILED APR 13 1944 318

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 2288

1. PLACE OF DEATH:

(a) County.....

(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:  
Honer Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community 1 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 9

(d) Street No. 4300 St. Ferdinand  
(If rural, give location) 11

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

3. (a) PRINT FULL NAME Booker, Ivy

3. (b) If veteran, name war NONE

3. (c) Social Security No. 337-18-2063

4. Sex MALE 5. Color or race 2 race colored 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LANNIE IVY 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased OCTOBER 29 1910  
(Month) (Day) (Year)

8. AGE: Years 33 Months 5 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace WEST POINT MISS. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation CHIPPER AT FOUNDRY

11. Industry or business LABOR

12. Name BAYNES.

13. Birthplace WEST POINT MISS. 1  
(City, town, or county) (State or foreign country)

14. Maiden name MARIAH IVY

15. Birthplace WEST POINT. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen Watkins

(b) Address West Point Miss.

17. (a) Shipping (b) Date thereof APR 6 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEST POINT MISS

18. (a) Signature of funeral director Boyd Knox Funeral Home

(b) Address 3704 Irving Ave

19. (a) APR 6 1944 (b) J. F. Redek  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1, year 1944 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 22, 1944, to April 1, 1944, that I last saw him alive on April 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis (far advanced)

Autopsy: Pulmonary Tuberculosis (far advanced)

Due to.....

Due to.....

Other conditions.....

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

3. Signature Alva Moore (M. D. or other).....

Address 2601 W. Hill Date signed 4/1/44

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

MOTHER FATHER

Duration

Unk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Mr. B. J. ...*

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

Signed *William C. McDowell*

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.**