No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16173

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 5048

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8yrs.0mo.1da. (Specify whether
In this community 44yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 006 12

(a) State Missouri (b) County 5
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. City Sanitarium 13
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EARL BLACK

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SGL.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 12, (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
44	4	14	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name William Black
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sarah ?
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Thelma A Seigler
(b) Address 5400 Arsenal
17. (a) Interment (Burial, cremation, or removal) (b) Date thereof 5-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington MO
18. (a) Signature of funeral director W Ryder
(b) Address 3508 Keats
19. (a) JUN 2 1944 (Date received local registrar) J. F. Bradach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1944 hour 9.35 minute p. M.

21. I hereby certify that I attended the deceased from 1-4- 19 44 to May 26 19 44; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Huntington's Chorea	1936x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Pahm Poumam Bowdish (M. D. or other)
Address 5300 Arsenal Date signed 6-26-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.