

7. S. No. 2
FORM-5-43
REV. 5-17-39
I X38671

16446

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 20 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4324

1. PLACE OF DEATH:
(a) County
(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:
Harner G. Phillips O
(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 Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3007 Rutger
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Tiskia Hughes
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7th
year 1944 hour 2:30 minute A. M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, Divorced Widowed
6. (b) Name of husband or wife James Hughes 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased September 8 1895
(Month) (Day) (Year)

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

8. AGE: Years 48 Months 7 Days 29 If less than one day..... hr. min.

Lobar Pneumonia
Due to.....

9. Birthplace Swifttown Miss.
(City, town, or county) (State or foreign country)
10. Usual occupation House work

Due to.....
Other conditions (Include pregnancy within 3 months of death) 108

MOTHER FATHER

11. Industry or business.....
12. Name Richard Fulcher
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sally Brandigan
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings:
7. Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Aaron Brandon
(b) Address 3007 1/2 Rutger
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-44
(Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director: English Und. Co.
(b) Address 2938 Lucas Ave
19. (a) MAY 10 1944 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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 Thomas J. Wilson (M.D. or other)
Address Missouri Date signed 5-10-44

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave

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.