No. 2
—2-43
-17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL - 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22508

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1384

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town KOCH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ROBERT KOCH HOSP. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 73 days (Specify whether
In this community years, months or days) (Major Johnson) Alias

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County — 000

(c) City or town ST. LOUIS 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3222 @ MAGAZINE 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — AD

3. (a) PRINT FULL NAME THOMAS LITTLE

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ or wife ELNORA LONG

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased 9 (Month) — 28 (Day) — 1892 (Year)

8. AGE: Years 51 Months 8 Days 26 If less than one day ___ hr. ___ min.

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

10. Usual occupation LABORER

11. Industry or business FOUNDRY

FATHER
12. Name ELIX LITTLE
13. Birthplace COOKVILLE (City, town, or county) MISS. 1 (State or foreign country)

MOTHER
14. Maiden name DORA MAXEL
15. Birthplace COOKVILLE (City, town, or county) MISS. 1 (State or foreign country)

16. (a) Informant PATIENT

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Nat. Cem, Hoff, Barns. MO

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2820 Steddard St.

19. (a) JUN 28 1944 (Date received local registrar) (b) E. G. McGarrow, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24 year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4 - 11 - 1944, to 6 - 24 1944; that I last saw him alive on 6 - 24 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 mo (?)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

1384

Major findings:
Of operations
Of autopsy Pulm. Tb

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) Rancon dick

(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

23. Signature Daniel S. Kuncendick (M. D. ~~or other~~)

Address Koch Hosp. Koch MO Date signed 6/25/44

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1944

JUL 5 1944

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~~ L B

....., Registered Apprentice No. M

working under my personal supervision.

Signed Lonnie Boybin

Licensed Embalmer No. 2946

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.