

FILED SEP 30 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8093

1. PLACE OF DEATH:  
(a) County None  
(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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
In this community 9 months  
years, months or days

3. (a) PRINT FULL NAME Leon Bridges  
3. (b) If veteran, name war No  
3. (c) Social Security No. 429-38-5712

4. Sex Male 5. Color or race Colored  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive None years  
7. Birth date of deceased Nov. 30, 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 09 20 hr. min.

9. Birthplace Kosciusko, Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Lumber Yard on Taylor Ave

MOTHER FATHER  
12. Name Otis Bridges  
13. Birthplace Kosciusko, Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Bridges  
15. Birthplace Kosciusko, Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Naomi Bridges  
(b) Address 4122A Finney Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 21, 1944  
(Month) (Day) (Year)  
(c) Place: burial or cremation Augerwe, Ark.

18. (a) Signature of funeral director W. J. Nash  
(b) Address 3847 Oak St. St. Louis  
19. (a) SEP 21 1944 (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County None  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4122 Finney Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19,  
year 1944 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from September 5, 1944, to September 19, 1944; that I last saw him alive on September 19, 1944; and that death occurred on the date and hour stated above

Immediate cause of death Pulmonary Tuberculosis (Moderately advanced)  
Duration Unk.

Due to 13

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
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?  
While at work? (Specify type of place) (c) Means of injury

23. Signature Alvin Mosie (M. D. or other)  
Address 601 W. Holt St. Date signed 9/20/44

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 at  
3847 Page, Paul Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed P. J. Nash

Licensed Embalmer No. 2437

P. O. Address 3847 Page -

**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.**