

FILED SEP 20 1944
Registration District No. 318

1003
Primary Registration District No. _____

Registrar's No. 7837

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Personal death of Homer Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3110 Brantner
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Doris Perry

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

4. Sex M 5. Color or race Negro
 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased March 16 1914
 (Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 20 hr. _____ min. _____
 If less than one day

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

10. Usual occupation _____

11. Industry or business _____

12. Name Monroe Perry

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

14. Maiden name Lola Moore

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

16. (a) Informant Perry

(b) Address 3110 Brantner Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Undertaking

(b) Address 2726 Lucas Ave

19. SEP 12 1944 (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6th
 year 1944 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

lung abscess
cause undetermined

Due to _____

Due to 114

Other conditions _____

(Include pregnancy within 3 months of death)

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? _____

23. _____ (Specify type of place) _____
 While at work? (e) Means of injury _____

23. Signature James J. P. Thomas (M.D. or other)

Address 1300 Clark Ave Date signed 9/12/44

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

JAN 23 1948

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

A. Richardson

Licensed Embalmer No. *2928*

P. O. Address *City*

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.