V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32718

FILED NOV 10 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9321

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:
St. Mary's Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1511 South 16th St., NR
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Will Radford

3. (b) If veteran, name war --------

3. (c) Social Security No. --------

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ----------

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

7. Birth date of deceased Oct. (Month) 20 (Day) 1944 (Year)

8. AGE: Years | Months | Days 11 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Joe Radford 0
13. Birthplace New Madrid (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mae Weathers
15. Birthplace Memphis (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Joe Radford
(b) Address 1511 S 16 St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 2 44 (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill

18. (a) Signature of funeral director C. T. Nash
(b) Address 111 N. 13th St., E St Louis Ill

19. (a) NOV 2 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1944 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 25, 1944 to Oct 31, 1944
that I last saw him alive on Oct 31, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to Unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

159

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 William T. Queen (M. D. or other) M.D.
Address 1228 Piggott, E. St Louis Date signed 11/1/44

(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~~ .....

not ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 111 N 13th

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.