U. S. No. 2
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No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3946

FILED MAR 3 1945

Registration District No. 816 Primary Registration District No. 100 Registrar's No. 1291

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:
Homer Phillips Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3415 a Washington Ave. 17
(If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME ALEX ARRANT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 2

5. Color or race Col,

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

6. (b) Name of husband or wife Josphine Arrant

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years abt. 45 Months — Days — If less than one day hr. min.

9. Birthplace Pine Bluff (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Bell Telephone Co

MOTHER FATHER

12. Name Unknown ? 9

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

14. Maiden name Unknown ? 9

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

16. (a) Informant Josphine Arrant

(b) Address 3415 a Washington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

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

(b) Address 2820 Stoddard St.

19. (a) FEB 9 1945 (Date received local registrar) (b) J. F. Medeck. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 8th, year 1945. hour 9 minute 30 a.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 1-2-3- Lower [illegible] Duration
Due to [illegible] bolymphan [illegible] suckle
Caught fire while [illegible] a
Due to burning at his home
Due to western Bell Telephone Company
Due to 700 Woodson Road Overland
Due to Missouri around 4:20 a.m. Feb
Due to 8th 1945

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 181

Of autopsy 225

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) Accident

(b) Date of occurrence Feb 4, 1945

(c) Where did injury occur? Overland Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Bell Telephone Bldg (Specify type of place)

While at work? (e) Means of injury Fall above

23. Signature Dr Alfred J Perry (M.D. or other)

Address Deputy Coroner Date signed 2-8-45

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton F. Culkin

Licensed Embalmer No. 4198

P. O. Address 1215 James St Harris 13

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.