

V. S. No. 2  
DOM-8-13  
Rev. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7508

State File No. \_\_\_\_\_

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2719

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

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:  
City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ANDREW BLACK

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Annie E. Black 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased About 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 64 - - - hr. min.

9. Birthplace Stanton Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Cook

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Walter W. Jolly

(b) Address 3118 Chisca, Memphis, Tenn.

17. (a) Removal (b) Date thereof 3-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanton, Tennessee

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 20 1945 (b) J. F. Mediak  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4445 Laclede  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1945 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 29, 1945 to March 25, 1945  
that I last saw him alive on March 25, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death C. of prostate with metastasis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Bilateral pyonephrosis, urethral structures, median Bar,  
(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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature H. K. Wade, Jr. (M. D. or other) 0

Address City Hospital Date signed \_\_\_\_\_

MAR 26 1945

(Licensed Embalmer's Statement on Reverse Side)

2719  
6722

2719  
6722

**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..... *W Wilkins*  
Licensed Embalmer No..... *3575*  
P. O. Address.....

**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.**