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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18688

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5050

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: 3891 Delmar Blvd (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) 10 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 19

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

(d) Street No. 3891 Delmar Ave (If rural, give location)

(e) Citizen of foreign country? U.S.A. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Willie ERVIN JR.

3. (b) If veteran, name war

3. (c) Social Security No. ?

4. Sex Male ?

5. Color or race Negro

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

6. (b) Name of husband or wife Dovie Ervin

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased April (Month) 15 (Day) 1906 (Year)

8. AGE: Years 39 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Henning (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Willie Ervin Cr
13. Birthplace Brownsville (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) ? (State or foreign country)

16. (a) Informant Dovie Ervin Cr.

(b) Address 3891 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director John W. Hemphill

(b) Address 408 So. Elmira Ave Kirkwood

19. (a) JUN 7 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

JUN 7 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1945 hour 4 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 Coronary Thrombosis

Due to

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 6/4/45

(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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas Sho

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.