

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 3 1945 318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6500

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether

In this community Life
years, months or days)

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. 4316 Enright
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harold Moore Twine

MEDICAL CERTIFICATION

3. (b) If veteran, name war 70

20. DATE OF DEATH: Month July day 24, year 1945 hour 6 minute 30 P. M.

4. Sex Male Color or race negro

21. I hereby certify that I attended the deceased from July 15, 1945 to July 24, 1945; that I last saw him alive on July 24, 1945; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____

Immediate cause of death Toxic Diarrhea Duration 9 days

7. Birth date of deceased May 17 1945
(Month) (Day) (Year)

8. AGE: Years 2 Months 7 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business none

12. Name Eugene M. Twine

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

14. Maiden name Clara King

15. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Twine

(b) Address 4316 Enright

17. (a) Burial (b) Date thereof 7/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

Other conditions (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) (e) Means of injury _____

23. Signature L. E. Courtney (M.D. or other) _____

Address 2601 Whitehall Date signed 7/25/45

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

0
7
9

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *James A. [Signature]*

Licensed Embalmer No. *8522*

P. O. Address *3704 Finney Ave*

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.