. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1945

State File No. 28974

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8097

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:
4229A 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 3 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4229A Delmar Blvd. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fred R Douglas

3. (b) If veteran, name war

3. (c) Social Security No. 490-06-7601

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Gertrude

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec 14th. 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Cook.

11. Industry or business Unemployed

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) U.S.A. (State or foreign country)

16. (a) Informant Mrs Gertrude Douglas
(b) Address 4229A Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) SEP 17 1945 (Date received local registrar) (b) J. Brockel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th
year 1945 hour 3:05 AM. minute M.

21. I hereby certify that I attended the deceased from March 15th 45, 19..., to 9-16-45, 19..., that I last saw him alive on Sept 16th 1945, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung (Co-mfg Kansas City) — Duration Serious

Due to

Due to

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)

While at work? (e) Means of injury

23. Signature Clyde B. Kane M.D. (M. D. or other)

Address 706 Walton Date signed 9-17-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Clyde Kane
706 Waltonave

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 Guy W. Wilkinson

Licensed Embalmer No. 3570

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.