

7. S. No. 2
FORM-2-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39001

State File No.

FILED DEC 21 1945
Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 10653

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

1. PLACE OF DEATH:
(a) County ST LOUIS 6 MISSOURI.
(b) City or town CITY
(c) Name of hospital or institution: HOMER G PHILLIP HOSPITAL
(d) Length of stay: In hospital or institution 4 HOUR.
In this community 12 YEARS 9 MONTHS (Specify whether years, months or days)

3. (a) PRINT FULL NAME JESSE CARGO.
3. (b) If veteran, name war
3. (c) Social Security No. 491-16-6605

4. Sex MALE 2
5. Color of race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ETHEL CARGO.
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased I2 24 1884 (Month) (Day) (Year)

8. AGE: Years 60 Months II Days II If less than one day hr. min.

9. Birthplace TALEDIGO ALABAMA. (City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER.
11. Industry or business LABOR

12. Name JOHN CARGO.
13. Birthplace TALEDIGO ALABAMA. (City, town, or county) (State or foreign country)
14. Maiden name DONT NO. *****
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant ETHEL CARGO.
(b) Address 1218 A N 20 ST.

17. (a) (b) Date thereof 12 II 45 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK.

18. (a) Signature of funeral director David and Brown
(b) Address 1405 BIDDLE ST. LOUIS MO.

19. (a) DEC 8 1945 (Date received local registrar)
(b) J. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO County
(c) City or town St Louis
(d) Street No. 1218 A N 20 ST
(e) Citizen of foreign country? (Yes or No)
-If yes, name country

20. DATE OF DEATH: Month Dec day 5 year 1945 hour 12 minute 15 AM
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: Chronic Myocarditis
Coronary Atherosclerosis
Work Hypertension
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?
While at work? (Specify type of place) (b) Means of injury
23. Signature (M. D. or other)
Address Date signed 12/8/45

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, only

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 245

P. O. Address 2834 Gamba

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.