

V. S. No. 2
 00M-5-43
 Rev. 5-17-39
 I X36671

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

State File No. **404**
 Registrar's No. **515**

FILED JAN 25 1946
 Registration District No. **378**

Primary Registration District No. **1003**

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

2607

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 0 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME San High

3. (b) If veteran, name war none **3. (c) Social Security** No. none

4. Sex male **5. Color or race** Negro **6. (a) Single, widowed, married, divorced** Widowed

6. (b) Name of husband or wife..... **6. (c) Age of husband or wife if alive**..... years

7. Birth date of deceased September 15, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>16</u>	hr. min.

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

10. Usual occupation labor

11. Industry or business.....

MOTHER FATHER { **12. Name** unknown **9**
13. Birthplace unknown **9**
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Abernathy
(b) Address 809 N. 20 th St.

17. (a) burial **(b) Date thereof** I 17 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 215 So Jefferson

19. (a) JAN 16 1946 **(b) J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... **2/600**
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") **17**
 (d) Street No. 809 N 20th St
(If rural, give location) **9**
18
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
 year 1946 hour 7 minute 55 A M.

21. I hereby certify that I attended the deceased from 2 1-9 to 1-13 1946,
 that I last saw h. im alive on 1-13- 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Decompensation **Duration** Unk

Due to.....

Due to.....

Other conditions 932
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy No

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)
 (e) Means of injury.....

23. Signature O. F. Daniels (M. D. or other) **1/14**
 Address 2601 N. Wheeler Date signed.....

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.....

Licensed Embalmer No. *2698*

P. O. Address. *2769 Montauk*

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.