No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10693

Registration District No. 317 Primary Registration District No. 3062 Registrar's No. 570

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Brentwood, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1516 Withrow Street
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS 96

(c) City or town Brentwood, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1516 1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Frank McPherson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Mattie McPherson

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

7. Birth date of deceased June 1, 1891. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	9	3	..... hr. ..... min.

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

10. Usual occupation Butcher

11. Industry or business .....

FATHER
12. Name John McPherson
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mattie McPherson
(b) Address 1516 Withrow Street, Brentwood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/46. (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N. Taylor Ave.

19. (a) 3-7-46 (Date received local registrar) (b) E G McGarvan M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 1945 to Feb 1946;
that I last saw him alive on Feb 1 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Sarcoma	6 M
Due to Sarcoma of left maxilla	2 years
Due to 45 d	
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 L. W. Nutt all M D (M. D. or other)
Address St. Louis County Hosp. Clayton. Mo. Date signed 3/9/46

707

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1946

MAR 22 1946

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 Samuel Roberts, Registered Apprentice No. 387, working under my personal supervision.

Signed Fulton E. Culkin

Licensed Embalmer No. 4198.

P. O. Address 4912 Fountain St. Louis, Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St Louis }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of march, 1946 before me appears Mattie McPherson, who, upon her oath, states that the original record of ~~birth~~ death for Frank McPherson, ~~born~~ died march 3, 1946, in the State of Missouri, and which was filed at St Louis County on march 5, 1946, should be corrected as follows:

Item No. 8 should read 54 yrs

Instead of 57 yrs

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

✓ Item No. should read

Instead of

✓ Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mattie McPherson Wife
Relationship.

1516 Withrow ave
Present Address.

Subscribed and sworn to before me this 7th day of march, 1946.

My Commission expires Dec 19-1949 C. W. Roberts Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
X37817

10693