

FILED MAR 20 1948
318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **2350**

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 17 days
(Specify whether _____)
In this community _____
year, months or days)

3. (a) PRINT FULL NAME Albert Douglass

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or hair Col. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: Sept. 6 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 5 27 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name James Douglass

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

14. Maiden name Lillie Payne

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Hardiman
(b) Address 2601 N Whittier

17. (a) Burial (b) Date thereof 3-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director U.S. Seal and Co
(b) Address 2727 Lucas Ave

19. (a) MAR 11 1948 (b) J. D. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2315 a Chestnut
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3
- year 1946 hour 11 minute _____ A. M.

21. I hereby certify that I attended the deceased from 2-14 1946 to 3-3
that I last saw him alive on 3-3
and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis of Vascular Origin with Unk Uremia

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No

Duration
Unk
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 D. J. Ayer (M. D. or other) _____

Address 2601 N Whittier Date signed _____

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

9973

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.....

Nora Thompson....., Registered Apprentice No. 395
working under my personal supervision.

Signed Lawrence E. Worden.....

Licensed Embalmer No. 4371

P. O. Address St Louis 18 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.