

S. No. 2
M-543
7. 5-17-39
I X36671

11095

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

State File No.

FILED MAR 30 1946
318

Registrar's No. 2649

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St Louis Mo.
(b) City or town St Louis Mo.
(c) Name of hospital or institution: 1333 N. Euclid
(d) Length of stay: In hospital or institution.....
In this community.....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis
(c) City or town St Louis
(d) Street No. 1333 N. Euclid
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME BEN FALL
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH Month MARCH day 17 year 1946 hour 10 minute no M.
21. I hereby certify that I attended the deceased from.....
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race NEGRO
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive abt. 1891
7. Birth date of deceased.....

Immediate cause of death.....
Due to CORONARY OCCLUSION
Due to W.M.A.
Other conditions.....
Major findings:
Of operations.....
Of autopsy.....

8. AGE Years Months Days If less than one day
abt 55
9. Birthplace ARROW ROCK MO.
10. Usual occupation SEAMEN
11. Industry or business WIK.
12. Name WIK
13. Birthplace WIK
14. Maiden name WIK
15. Birthplace WIK
16. (a) Informant Jimmie Fall
(b) Address 2819 Howard
17. (a) Removal (b) Date thereof 3-24-46
(c) Place: burial or cremation ARROW ROCK MO.
18. (a) Signature of funeral director Stanley Jordan
(b) Address 1245 GLENVIEW
19. (a) MAR 20 1946 (b) J. F. Midesek

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?.....
23. Signature W. Perry (M. D. or other).....
Date signed 3/20/46

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Emb separate cert to be filed

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.....

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.